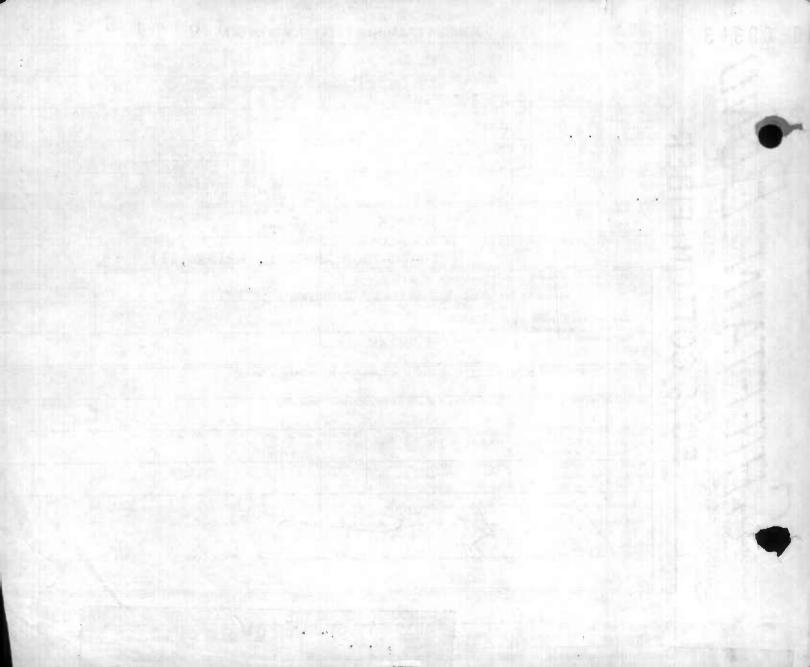
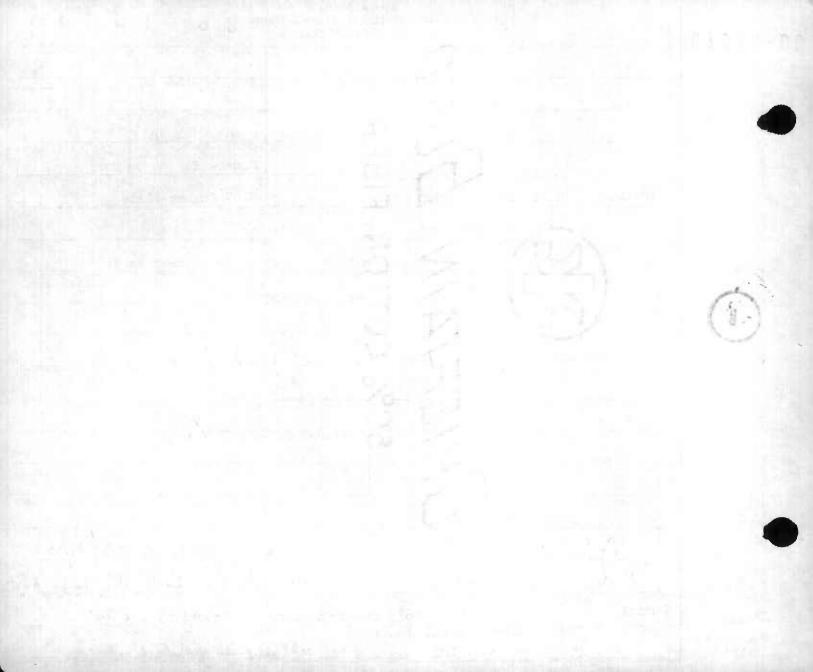
	100		1	FOR		n			ARYLAND I AND MENTAL H	IYGIENE		24	2 7	-9
1-1	193	43	1-	STATE REGISTRAR			ICAL EXAMIN			F DEATH O	REG. NO	5	2 3	3
		7 0		CEASED NAME	FIRST		ELAINE;		LAST	2a DATE KN	NOWN X	MONTH DA	AY YEAR	76 HOUR
	PLEASE	HOURS STREET,	3. SEX	T4 R/	JUDY	5. DATE OF BIRTH	16 AGE (IN YI		MAIDEN IDER 1 YR. TIF UNDER	DEATH M	AATED [5-28	1986	
A	≥ 5	SSZ	FE	MALE	BLACK	OCT 1	1951 34 Y	PAY) MONTH	AS DAYS HOURS	MIN PRONOUNCE DE AD	ED	5-28	1986	9:25 P.
RA	GESS	RES HES	FO	REIGN COUNTRY)	100000	76 CITIZEN OF WH	AI COUNTRY?	MARRI	ED X NEVER MARR	IED 📙	RECITY OR			
	AY IS NE	E E E	10. CI	ASH, D.	DEATH		PITAL, NURSING HOM			12a USUAL OCCUPA FOR MOST OF WORKIN HOUSEW	NG LIFE)	WORK 12b	KIND OF E OR INDUS	BUSINESS
	ANY DEL	Z ON /		TATE		DITHER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISS 130 CITY OR TOWN WASH		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 509 ROCH	s	9	199	I RDN
* 	E, MD. ATH. IF S 1. 2.	POK PIN 3.		THER'S NAME FIRST JAMES		MIDDLE	MOORE S	SR	15 MOTHER'S MAIDE FIRST ETHEL	NAME			LAST	
	S AFTER DE	T 20		VAS DECEASED EV ES, NO. OR UNKNOWN) NO	ER IN U.S. ARM		166 SOCIAL SECURIT		LEWIS L.	MAIDEN,	ADDRESS III	SAMI 13e	E AS	ITEM
	RECORDS, 201 W. PRESTON ST LD BE EXECUTED WITHIN 24 HOW PENDING" IN PENCIL IN ITEM 11	RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG YEAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 12 21 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	gave rise t cause (a) stat lying cause la		(b)	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RÉLATED TO THE TER	OF	OR CONDITION GIVEN IN PA	RT 1 (a.				
	F VITAL RECO	CHIEF MEI E USED AS T OF HEAL URIAL, CR	CERTIFICATION	19a DATE OF OPE	ERATION	19b CONDIT	ON FOR WHICH OPE	RATIONW	AS PERFORMED?			26	O AUTOPS	
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	DICAL EXAMINER: THIS	ATHE SAND		22a. I certify the death resulted for ACTUAL SIGNATURE	at I taak charge	al couses 💥 .	restin	Autaps uicide M.		Undetermined mann	ner .	3101112	5-29-	
	TO ME	PAGE TO FU AFTER BALTIN		(TYPE OR PRINT)		is F. Smy			ADDRESS	Penn St., I	Balto.	, Md.	2120	T
07	.84 BP	2000	()	URIAL BURIAL UNERAL CIRECTOR		6/3/86	LINCOL	N MEI	MORIAL	23d LOCATION SUITLAN		MA	RYLA	ND
		HMH - 17 A15 ME (5))				ERALATIO	ME WASH, I		T. II WE WIE	F D MIGISTRAR	A LAUISIA	AK S SIGN	ATURE	



	1			STATE OF MARYLAND		e and the second
-07610	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6	5 2 3 4
-01010	1. D	ECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
noy be poge 3	(14)	CARMEL	6 -	MARANO	15-6	21-8/2 1, 35 pm
Poor Poor	3. S		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	1	FEMALE	WHITE	Nov. 29,1896	89 YRS	MONTHS DAYS HOURS MIN.
o ip	7a 8	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH
deal funerol		ITALU	4.5.	WIDOWED DIVORCED	PRINCE GEORGE	C MD.
the the	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR
The field	Gi	REENBEIT - MY	GREEN BEIT NE	ie cze.	Housewife	Home
4 hou				130 HADIDE CITTEDATIO:	13e STREET ADDRESS / ZIP CODE	
Short Short	40	Maryland Pr.	Georges Berwyn	Hgts. YES 🔀 NO 🗌	6107 Quebec Pla	$ce \propto 0/40$
and and a	1	Joseph	MIDDLE LAST	FIRST	MIDDLE	LAST
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ond	1.00		/E WAR OR DATES)		o same address a	- 412
rs. pe			077-03-12	the state of the s	same address a	
		PART I. DE ATH WAS CAUSE	£ 2 11/2 m	belown and	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(WN		IMMEDIA	TE CAUSE (U)		<u> </u>	
101		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF	1.0	
		gove rise to immediate couse (a), stating the	(b)	are sur		
2 4 5 5 F	1	underlying couse lost	DUE TO, OR AS A CONTINUE	=) (mention)	least factors	
Page 1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO THE TERM	AINAL DISEASE OF CONDITION GIV	EN IN PART 1 o
1000	ON N				V	
2 1 4 6	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
The state of	I E	NONE			YES NON YES	S . NO .
The state of the s		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
9 171 17	Q A	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	Company of the last of the las	
offend title to and M heaks	MEDICAL	21d INJURY OCCURRED while Not while At work	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM ETC] 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
A A A A A A A A A A A A A A A A A A A	1	22a.1 certify that (I) (this hospi	tal) attended the deceased from_	. 19	, to	19 that (I) (we) lost
0 0 0 0 0 0	10	sow the deceased alive on above, (I) (we) (diel) (did no	t) view the body after death	, and that in (my) (our) opinion	deoth occurred on the date and hour	
No.		22b. SIGNATURE	1 1 10	DEGREE		22c. DATE SIGNED
4 4485		1) Coul	MAST	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	5/21/86.
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C	7	220 PHYSICIAL 'S NAME (TYPE O		22e ADDRESS	00000	
A THE PERSON OF		HADIE	CEACH M.D	9500 Anna	polis Kel Sinte	AI Laka Ma
2 10 0 0 0	230 F	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR LOWN	COUNTY STATE
BP			May 24,1986 H	oly Cross Cemetery	Brooklyn, Ne	ew York
HMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR LVes-	Pearson Funeral	Homes 250. DAT	E REC'D. BY REGISTRAR 256 REGISTE	RAR'S SIGNATURE
(VRA 15, 4)		Artin	gton, Va. 22201	MAY	6 1900 July Davids	man Marchalle



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12	45 A O A		Md.	Pr.	Geo.	Oxo:	n Hill	YES	NO 🗆 1	117 Vir	nson St.	401	40
3	E- 222	14. F.	ATHER'S NAME		MIDDLE		LAST	F	ER'S MAIDEN NA	ME	DDLE	LAST	
ORE	AND NO.	17.	James		В.		rlow		Susie			Hamb	lin
TIM	SE PA	166. \	ES, NO, OR UNKNOW	(IF YES, GI	RMED FORCES?		CIAL SECURITY NO				ADDRESS		
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201	IN P EXA SIAL		lying cause	e lost.	(c)								
SOS,	WID BE EXECUTED "PENDING" IN PI EF MEDICAL EXAV. SED AS A BURIAL - HEALTH AND MEI AL, CREMATION, (PART 2 OTHER SIGN	NIFICANT CONDITIO		EATH BUT NOT RELA	ITED TO THE TERMINAL O	SEASE OR CONDITION	N GIVEN IN PART I IG				
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VII.	E SHOUL VORD "P E CHIEF BE USED NT OF H BURIAL,	E										YES [M ON
PO	ENEGEO -		210. EXTERNAL UNDERLYING			E OF INJURY A.M. MONTH	DAY YEAR	c. HOW INJURY	OCCURRED (ENT	ER NATURE OF INJU	JRY IN ITEM 18 PART 1 C	OR PART 2)	
DIVISION OF VITAL	HIS CERTIFICATI WRITING THE V ARDED TO THE AGE 3 SHOULD ATE DEPARTMEI 1201 PRIOR TO	MEDICAL	CONTRIBUTING	G CAUSE O		P.M.	19						
N N	SETIN STIN STIN SECTIO	MED			STREET	CE OF INJURY	(AT HOME, 211	STREET		CITY OR TOW	/N	COUNTY	STATE
		31	AT WORK	AT WORK									
	NO. HE SON	130	22s I certify		rge of the remain	s described abo	ive, held on A	tapsy .	Inspection	Inquiry	Xand in m	y opinian	
	ME SE		death resulted	from: No	rural causes X	Accident	, Suicide	, Hamic	cide 🔲 . Und	determined mo	nner,		
	M. ELEGE		ACTUAL	Hug	ust A	4. Just	10-	Dane	PECIFY)		DA	ATF	
	SHEET SHEET		SIGNATURE	They	man 1	enige	-	M.D. Dept	ucy MI	EDICAL EXAM	INER SIC	GNEDMay 6	,1986
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	TO MEDICAL EXAMINER: T EXECUTE TO CRITICALE, PAGE 3 SHOULD BE FORM TO FINESTAL DIRECTOR: P AFTER DEATH WITH EST BALTIMORE, MARYLAND, 2	23e.B	JRIAL, CREMATI	-			NAME OF CEMETER			LOCATION			
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	(VR A15 ME (5))	G.	P. Kalas	F.H.			Rd. Oxon	Hill Ma	MAT 9	1966	Grilin, Das	idour Hano	A SECOND

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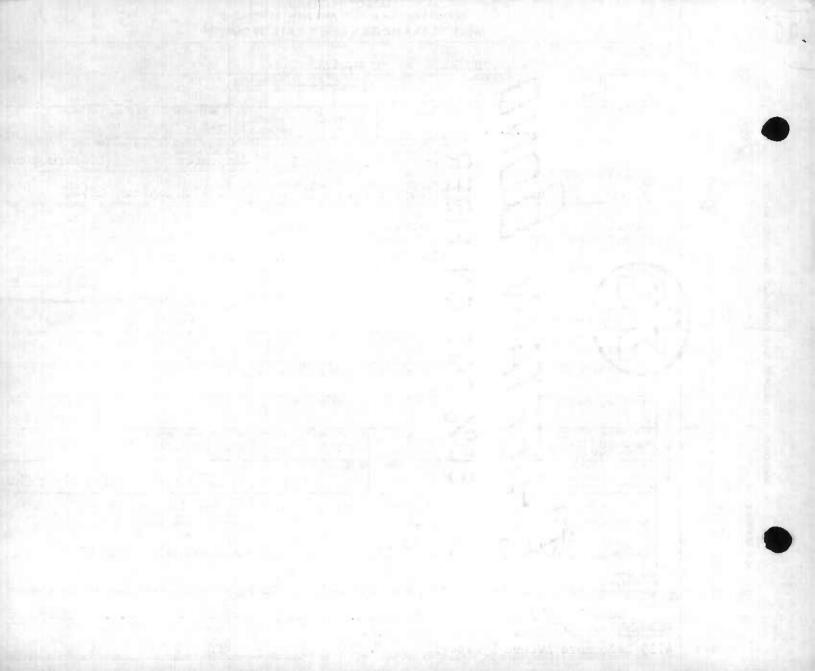
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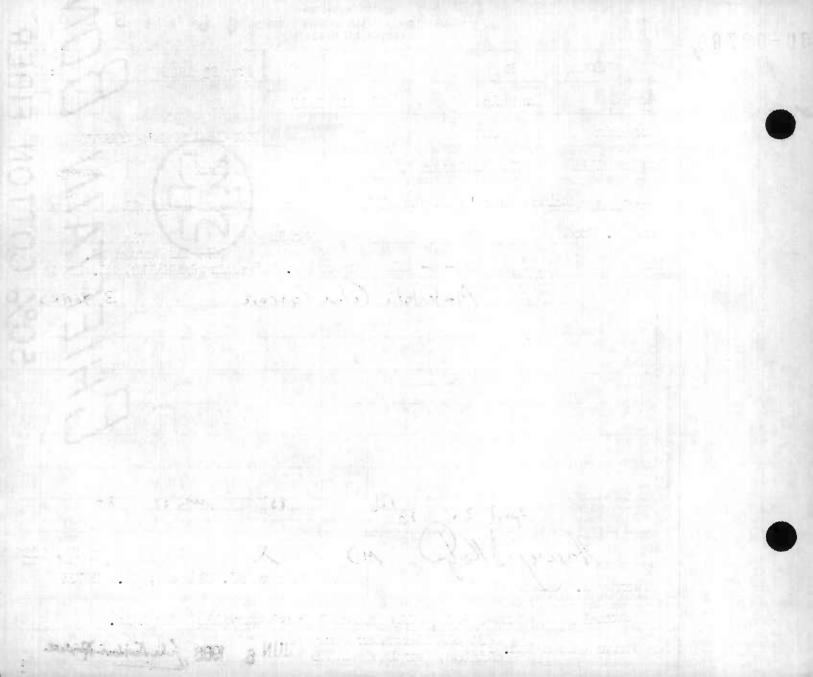
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1	35328	3. SEX		DAV I	5. DATE OF BIRTH	6. AGE (IN YE			NDER 24 HRS.	2c. DATE	5-16-	869 YEAR 2d H	HOUR
V	ST TE		LOWER WA		MONTH DAY	YEAR LAST BIRTHD	AY) MONTE	S DAYS HOUR		PRONOUNCED		20 11	OOK
1	82888	Ma		White	April 10,		RS.			DEAD	5-16-5	2619 5.55	5rM
	SA TES	7a. BII	RTHPLACE (ST	TATE OR	16. CITIZEN OF WH.	AT COUNTRY?	8 MARRI	ED X NEVER M	ARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	T
	SHOES C	De	laware		U.S.A.		WIDOW		ORCED	Prince Geo	rge's Co	ounty	
	ZENO*		TY OR TOWN	OF DEATH		ITAL, NURSING HOM				AL OCCUPATION (TY			SS.
	尼西斯尼	1			(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)			FOR M	penter		OR INDUSTRY	
	国图学#8	LICITA	Chever			George's C		spitai	Cal	henrer	100	nstructi	OII
5	20000	13a. S1		13b. COUN	TY	RESIDENCE BEFORE ADMISSI	ON)	134 INSIDE CITY LIMI	115? 13e, STRE	ET ADDRESS			
212	# SHOP	Ma	ryland	Princ	e George's	College P	ark.		811	6 48th Ave	nue 20	740	
9	- New Mar	14. FA	THER'S NAME				-	15. MOTHER'S M	AAIDEN NAME				=
E, A	# 25 B		David		A •	Marve1	Thur	Bet:	tv	MIDDLE	J	ackson	
ŏ	R9849 -	16a W		D EVER IN U.S. ARA		16b. SOCIAL SECURIT	YNO	17 INFORMANT	_	ADDRESS			
A M	DESCRIPTION /	{YI	S. NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	222-38-09				ski Marvel		e as #13	
I¥.	A GIN	No				222-30-09	///	Heren C	. LISIN	ski Marvei	. Sam	e as #13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	23 96 77 12	10	18 CAUSE O		y one couse per line f			F. N. S.	4		Br	APPROXIMATE INTERVETWEEN ONSET AND D	/AL DEATH
S	24 HO ITEM ITEM IONG PERM GIENE		PARTIDE	ATH WAS CAUSED	P BY:	Head inju	ries						
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. 2	549890		13.59		(c)					Market Company			
0	A A B S S S S S S S S S S S S S S S S S		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN	IN PART 1 (a).				
8	SEL SE	O											
82	JAN TOTAL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?)		20	AUTOPSY?	
IAI	MAN SERVICE	F	CO-VIC								7073		
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ō	A THE SWE		UNDERLYING	, Dior	HOUR A.M.	MSNT 12-86 YEAR	2 200	odoct ri a	n ctruc	k by a veh	nicle		
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VIS	HE OS GAR	MEDICAL	21d. INJURY C	OCCURRED	CIDECT ICACTO	FINJURY (AT HOME,		CATION		CITY OR TOWN	60000		
۵	ARBINA ARBINA	. 5	AT WORK	NOT WHILE	x Stre	e C	Me	etzerott	Rd.&St	· Andrews	Place C	ollege P	K.,
	Yar St. S. T.			7.3	C. 11 12 12 12 12 12 12 12 12 12 12 12 12						M	arvland	
	# SESE		22a. I certif	ly that I taak chorg	e at the remains desc	ribed above, held on	Autops	sy X, Inspi	ection	Inquiry . or	nd in my apinion		
	MERCE SI		death resulte	ed from: Natur	al couses 🔲 ,	Accident Su	icide	, Hamicide L	. Undete	rmined monner			
	A HOME TO			A O	1 10 (2 . W .		TITLE (SPECIF	Y)				
	4#54E.V.		ACTUAL SIGNATURE_	INUC	you !	of one	M	D. Assis	tant MEDI	CAL EXAMINER	DATE 55	18-86	
	OR SEA		77333		V						3101120		
	# 5 W 5 K 5		EXAMINER'S I	NAME NT)	Margarita	A. Korell.	M D	ADDRESS	111 Pen	n Street			
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	23a BI		TION, REMOVAL 2		23c. NAME OF CE							=
		(5	PECIFY)		5/20/86				CITY	CATION	COUNTY	MONTE 1	
07/84 25M	BP	24-EI				Fort Lir				ntwood REGISTRAR 256. REG	P.G.	Maryla	DIL
	DHMH - 17					al Home, P.		A A A	V O O		and the same of	anda lika	
	(VR A15 ME (5))	47	39 Balt	timore Av	enue Hyatt	sville, Mo	. 20	781 IVIA	401	100 / New 2	evidoon-hib	À	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH 26 HOUR TYPE OR PRINT OF ESTI-Theus 4 RACE IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Cau. IN BIRTHPLACE (STATE OR MARRIED NEVER MARRIED WASH. . PRINCE GEORGE'S AGE 5 PLED, ID. CITY OR TOWN OF DEATH NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY SALESPERSON RETAIL USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 13d INSIDE (ITY LIMITS? 130 STREET ADDRESS YES NO XX 10505 Cedarvi TTO STATE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST DELAHAY MARGARET 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS NO N/A 218-54-5994 MATTHEWS. SAME AS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF TO BURNA YES 🗍 NO 0 21a. EXTERNAL CAUSE WAS 21h TIME OF INTURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AGREE DEATH, WITH THE
BALLIMORE, MARYLAN Natural causes Hamicide Suicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME quez. M.D. TYPE OR PRINT Rodra ADDRESS 5009 Rayburn Ct . Temple Hills. Md 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 6/2/86 BURTAL GEO. 07/84 BP 25M 24 FUNERAL DIRECTOR BY REGISTRAR 1256. REGISTRAR'S SICOLATURE **DHMH - 17** FUNERAL HOME. (VR A15 ME (5)) WALDORF, MD

STATE OF MARYLAND



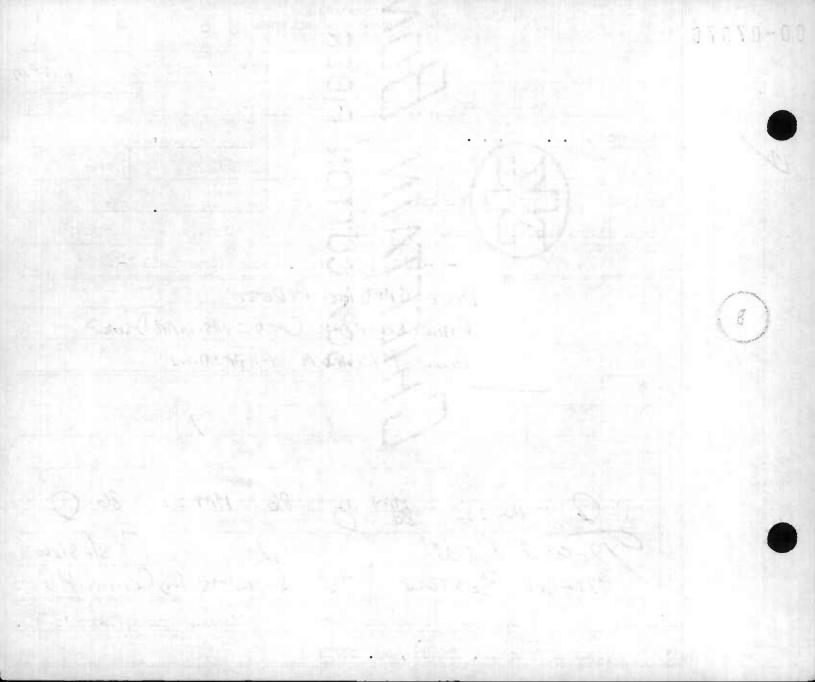
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Herbert McCall. Sr. H. 4. RACE 6. AGE (IN YEARS | IF UNDER TYR. SEX JE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Caucasian Sept.18,1923 62 Male DEAD 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Alabama Prince George WIDOWED DIVORCED ID CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Military Forest Heights Army - Ret. Shoshone Dr. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20745 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 5829 Shoshone Dr. Forest Heights Prince George Maryland YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST McCall Carroll James Lois 17 INFORMANT 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 5829 Shoshone Dr. (IF YES, GIVE WAR OR DATES) 417-22-L478 Yes Simone McCall WWII Forest Heights. Md. 18. CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c). inplitte andidonellar PART I DEATH WAS CAUSED BY: IMMEDIATE CAUS OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 181 CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OF TOWN COUNTY 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my opinion TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTC
AFTER DEATH, WITH TH
BALTIMORE, MARYLAN death resulted frame Natural causes Homicide Suicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NA Augusto P. Rodriguez. M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD 23g.BURIAL, CREMATION, REMOVAL 23b DATE 5/16/86 Arlington National Cem. Arlington Virginia Burial 07/84 25M 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE George P. Kalas Funeral Home Oxon Hill, Md. www -- pandelle **DHMH - 17** (VR A15 ME (5))

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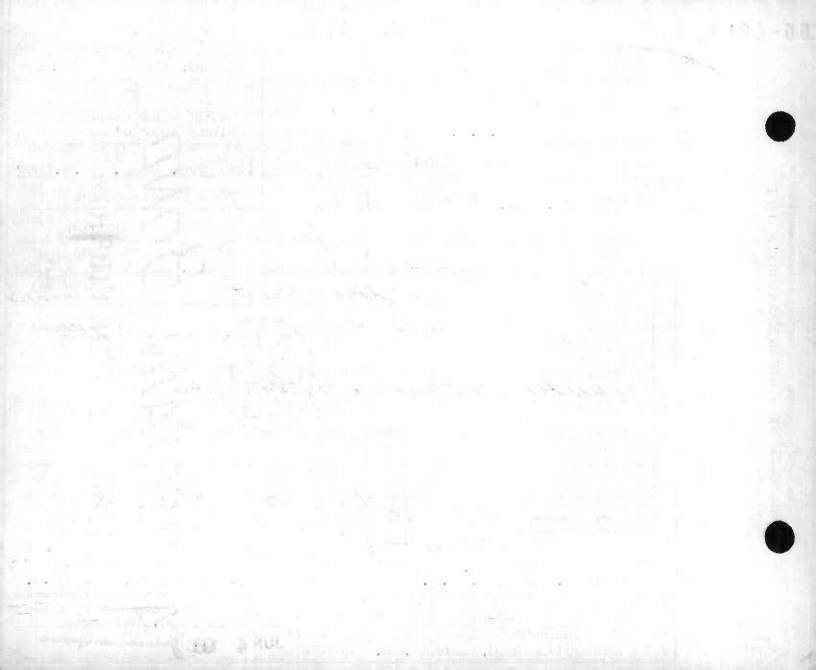
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-08484 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH TELEASED NAME 2b. HOUR LTYPE OR PRINTI F May 30, 1986 James McCord 5:30P 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS I SEX MONTH Male White Nov .. 20 1912 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ASTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Prince George's Pennsylvania WIDOWEDXX DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR 7008 Kepner Court LTYPE OF WORK FOR MOST OF WORKING LIFE! Lanham civil Svc. U.S.Gov't Comm O USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. STREET OBRESS epher Court 13b. COUNTY Lannam 13d. INSIDE CITY LIMITS? Maryland YES X NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Holton James Catheryn McCord 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 4320 Rockport Lane 174-01-2502Barry McCord Bowie, Maryland 2071 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF ASCUD enere Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS. betes Hellites 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX NO [21g. ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 0/19 220.1 certify that (1) (this haspital) attended the deceased from. 19______ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased of obove (I) we) (did (did not) view the body ofter death. 225 SIGNATURE 22c. DATE SIGNED Pelling or May 31, 1986 ATTENDING MEDICAL FUNERAL I PHYSICIAN PHYSICIAN MPORTANI 724 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS David S. Granite, M.D. 115 Centerway, Greenbelt, Maryland. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY)Burial CHYOR TOWN (Montgomery County Gate of Heaven Cem 6-2-86 Wheaton, Maryland 14 FUNERAL DIRECTOR Endon/Hale Lanham Funeral Home 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR DHMH-16 30M 2/80 (VRA 15, 4) 9013 Annapolis Road, Lanham, MD.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death. Histore be executed within 24 hours oftending physician. Wher this certificate has been signed by the manna chysician and completely filled in b as the burial-transit permit. Then please the control opports. Pages, A. and 2 should be fill the and Mental Hygiene prior to burial, criminal control in the medical examination or the medical examination of the control	Condition gove rincouse underlyii	ns, if ony, which to immediate a), stating the grant cause last.		INDUDACE OF YOW UND	Avter, Renul	DISECULARIONE	5-9	MATE INTERVAL ONSET AND DEATH
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09GB999	230. BURIAL, CR (SPECIFY) Buria	emation, removal $f 1$	23b. DATE 5/24/86		metery or crematory n Memorial	23d LOCATION CHYOR TOWN		Mã.
DHMH - 16 60M 7/84 (VRA 15. 4)	14 FUNERAL DI	RECTOR Bros. F.H	1. 621 Fla	· Ave · ,	N.W. D. 25a DAT	- 40111-	25b. REGISTRAR'S SIGNAT	URE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG NO L' DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) ESTI-CHARLES DEATH MATED G. McMAHON 24 19 86 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 3:07 LAST BIRTHDAY PRONOUNCED 2 24 72 Cauc. 147 DEAD Male May 24 19 86 a. M TE CITIZEN OF WHAT COUNTRY A BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA New York Prince George DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Cheverly Prince George's General Hospital Accountant Fed. Gov't. SUAL RESIDENCE (IF IN NURSING HO 2217 Jameson St. 20748 Temple Hills 13d. INSIDE CITY HMITS? Maryland George FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDGLE James McMahon Clara F. Charles 16h SOCIAL SECURITY NO 17. INFORMANT 577-60-1511 WWII Ruthlee B. McMahon same as item 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 190 DATE OF OPERATION Vb. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 YES NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH fell down the stairs (two flights) 7:30mm 5 21e. PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK at home 2217 Jameson St Temple Hills, Pr Geo, MD 22a I certify that I took charge of the remains described above, held an Autapsy Inspection XX Inquiry XX and in my apinion Accident TY death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 5/24/1986 Deputy ADDRESS 5009 Rayburn CT , Temple Hills, MD Augusto P. Rodriguez, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/27/86 Burial Suitland Cedar Hill Cemetery 23b REGISTRARIS SIENTAURO Md. 07/64 24 FUNERAL DIRECTOR **DHMH - 17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. (VR A15 ME (5))

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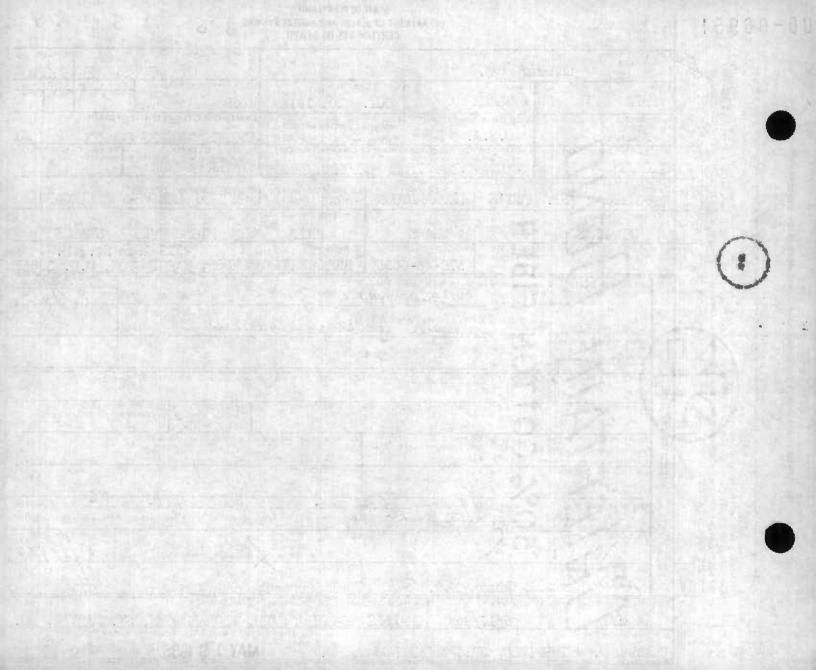
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AND AND	MARYLA	1.0	MARY'S	LEON	ARDTOWN	YES 🖹 NO		SIREET ADDRESS GENERAL L	ELIVERY	20650
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BALTIMORE,			100			DERIVADE	TIE JA	CROON, WA	SHINGIC	DN. D.C. 200 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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DIVISION NG PHYS obtending filer this co s the burn th and Me	WHITE WHITE	URY OCCURRED		OF INJURY REET, FACTORY, O	FFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OWN	COUNTY STATE
DIV of officer officer of officer	AT WORK	AT WORK	2 5 4 1 1 14	9		7-86 10			-//4	86
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7 € 5 # 3 ₹		REMATION, REMOVA			230 NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY STATE
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	24 FUNERAL I					THE POICE I		EC'D. BY REGISTRAF		



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oy be	(TYPE OR PRINT) LEW	IS EDWARD	MEANS, SR.	20 DATE OF DEATH MONTH 05-2	0-86 26. HOUR 10:05AM
ctor. p	Male	4. RACE White	october 17, 1918	6 AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1 11 25	Maryland	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT PRINCE GEOR	TY OF DEATH
制量为4	CHEVERLY	PRINCE" GEORGE	NG HOME OR OTHER INSTITUTION SOUCH HOSPITAL	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING Truck Drive	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Trucking Compa
35	Maryland Anne	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY Arundel Davidso	nville YES A NO	19 STREET ADDRESS / ZIP CO.	Orive 21035
# # # # # # # # # # # # # # # # # # #	FATHER'S NAME John	Means Means	15. MOTHER'S MAIDEN NA E'Isie	WIDDLE	(Unknown)
be execu	NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECTOR WAR OR DATES) 577-22-7		ans, Jr. (Son) Sa	ame as #13
· law requires that the os been signed by the permit. Then pleases requested permit and priority car other its and injury, or other its permit of the order in th	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	, holm	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	IVEN IN PART TIO ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
フェーボンニ ケイ	OR CONTRIBUTION TO CHURCOCAR	ATH HOUR A.M. MONTH D	AY YEAR 19		VES NO NO PART 2)
VG PHYSICI attending I attending I there this cert is the burial hand Mented or Item.	Use Either NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR. Af should be deached for use owith the State Dept. of Health IMPORTANT: If them 21 is mo	22a I certify hat (I) (this hosp sow the deceased alive ar obove) II (we) (did) (did) 27b SIGNATURE	PRINT)	DEGREE ATTENDING PHYSICIAN (death occurred on the dore and ha	221. DATE SIGNED 5/31/86
2	Roy E. Coh	23b. DATE 23c. t	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	Burial	5/22/86 Fo	rt Lincoln Cemeter	y Brentwood F	COUNTY STATE

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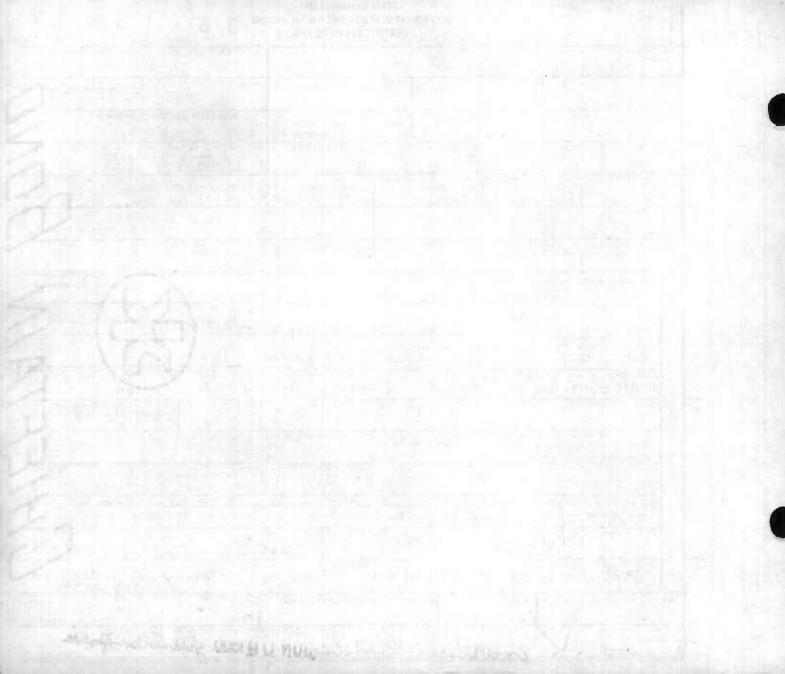
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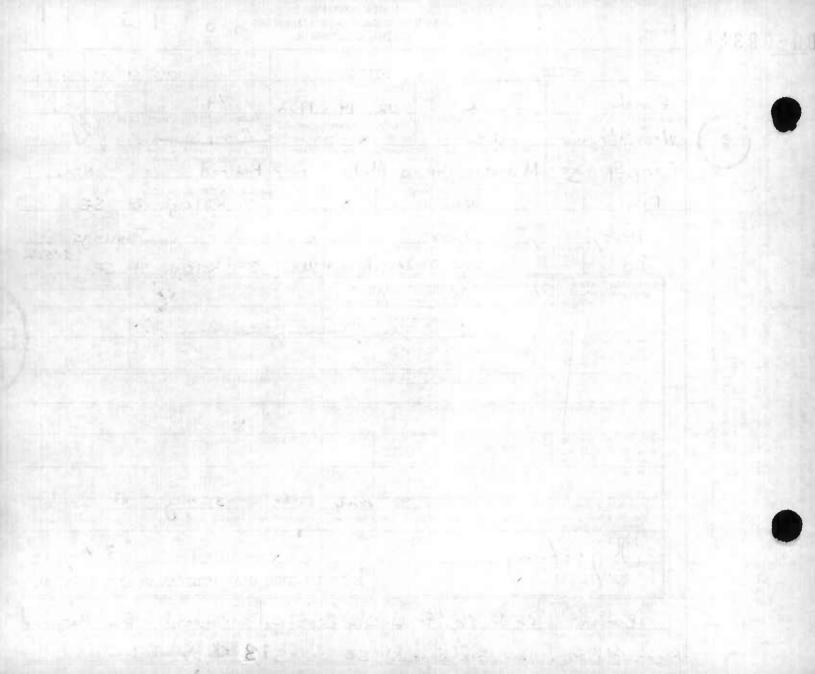
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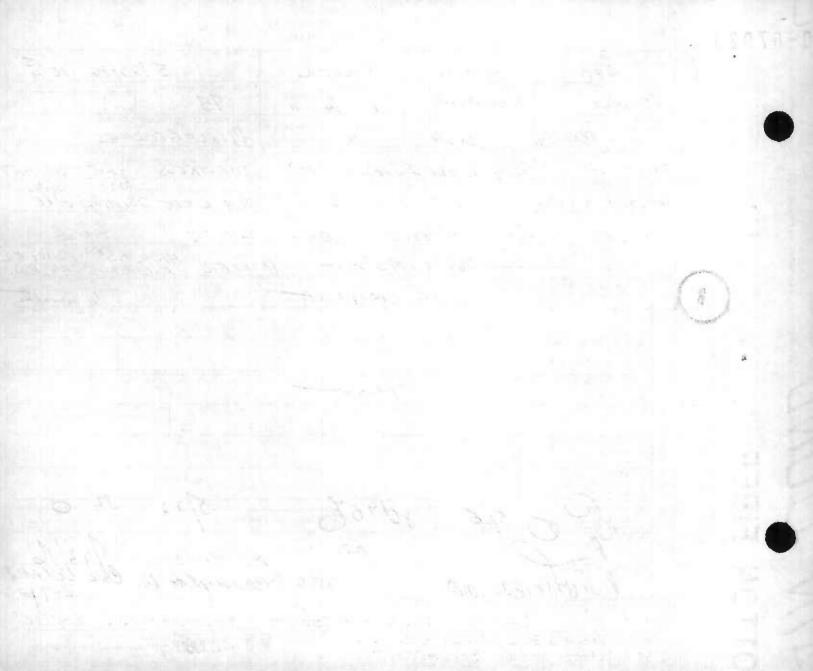
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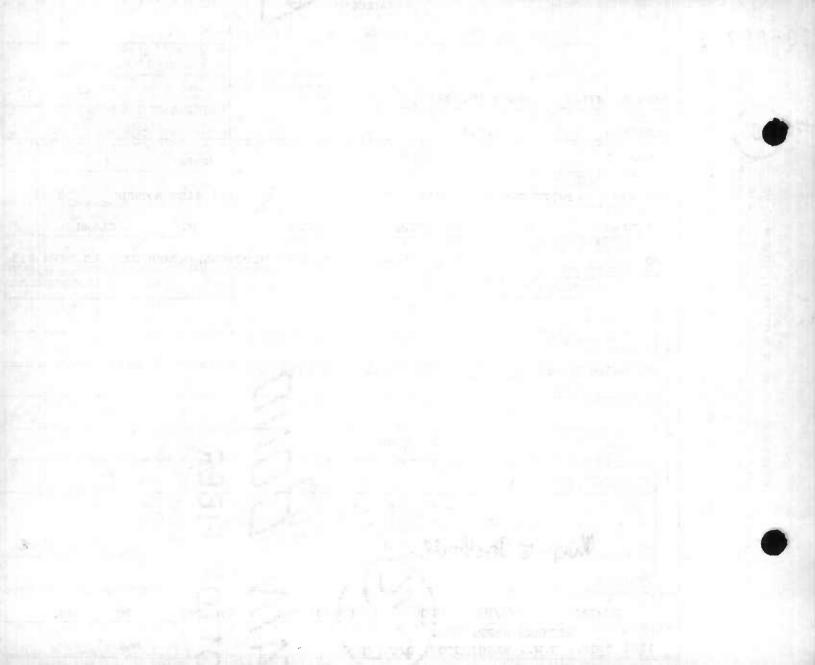
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mo)	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	
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e a	76. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
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1 2	19 0	ITY OR TOWN OF BEATH	111. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR INDUSTRY
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ld b	130	STATE 136 COUN	NTY 134. CITY OR TO	WY 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE 99999
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rent rent rent rent rent rent rent rent		IMMEDIA	TE CAUSE (d)			
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beer mit 1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 206	IF YES, WERE FINDINGS USED
he it hos to hos	Ē				YES NO	CERTIFYING CAUSES OF DEATH? YES NO
N: The 1st striction. The 1st striction. The 1st striction was the Hygiene Hygiene	T W	210. ACCIDENT WAS UNDERLYING	LIGHT A MA MONTH	DAY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
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DING Part of After the cost he olth and marked	>	WHILE NOT WHILE AT WORK	(M. Mone State), Pacioni, Office			
7 - 250 5			ital) attended the deceased from		, to 3/ May	19 dr., that (h (we) last
R ANER hospital RECTOR red for upt. of H em 21 i		saw the deceased olive on abave, (I) (we) (did) (did no	at) view the body after death.	, and that in (my) (aur) apinion	death occurred an the date	nd have and from the causes stated
±		226. SIGNATURE		DEGREE		224. DATE SIGNED
. 4 . 2		1 My mit	ing	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	31 May 86
HOSPITAL ned by the FUNERAL old be det of the State ORTANT:	1	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		0
- 0 - 0 + 6	100	ROY/KRING		MALCOLM GRO	OW USAF MEDICAL	CENTER AAFB MD.
0 g 5 g x x		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
9 BP 4 9 9		(SPECIFY) Burial	06-05-86 F	4. Lincoln Cemeter	Brentwood	PG Maryland
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		25a DA	TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
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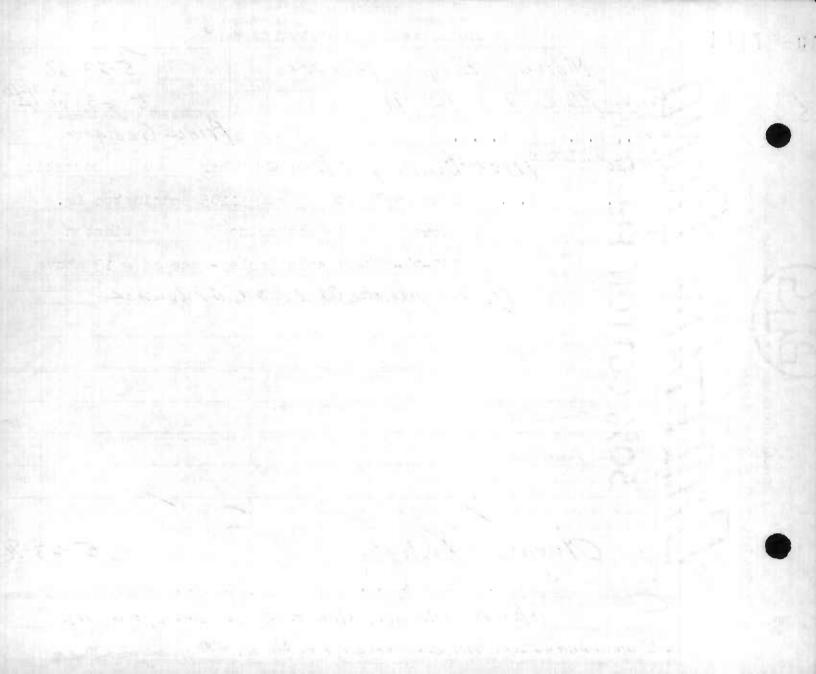
			STATE OF MARYLAND		2 (**)	5 9
07925	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1 3 6	60
		MIDDLE	LAST	REG. NO	ONTH DAY YEAR	Tay HOUR
m = /.	1. DECEASED NAME FIRST (TYPE OR PRINT) EVA	Louise	MILLER		5/23/86	10 A. M
2 0.0	S. SEX FEMALE	4. RACE CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI		IF UNDER 24 HRS HOURS MIN.
Page	70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	211	9. BALTIMORE CITY OF	YRS.	
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anth of a	10. CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12b. KIND C	F BUSINESS OR
filed we	College Park		ISLAND AVE, #412	WAITRES	SS REST	AURAN.
ad blue	13a. STATE 13b. SC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13 CITY OR TO College	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE#412	29740 AYE
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moti r tro	gave rise to immediate cause (a), stating the					
cre	underlying couse last.	DUE TO, OR AS A CONSEQ	UENCE OF			
or	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINI AL DISEASE OR CONE	NITIONI CINENI IN DART 1.	
njury		TONOMONS CONTRIBUTING TO	per series	MINAL DISEASE OR COINE	DITION GIVEN IN PART II	0.
prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	NGS USED
(X)	J. J			YES T NOTE	IN CERTIFYING CAUSES	NO
1, 5, 1, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	71a. ACCIDENT WAS UNDERLYING	LIGUE A M MONITH	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR		
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rked	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOV	VN COUNTY	STATE
a mar		apital) attended the doseased from	1984 19		1 1986	that (we) lost
of H	sow the deceated along about (if we) (did) for	The/body after death.	, and that in (my) (our) opinion	death occurred of the do	te and hour and from the	couses stated
Dept Dept If Item	27b. SIGNAL	01	DEGREE ATTENDING	MEDICAL STAF	m. ofte	SIGNED
State ANT:	224 PHYSIGIANS NAME		PHYSICIAN 27e. ADDRESS	DIRECTOR PHYSICI	IAN [] []/2	3/00
ORTAN	P Subli		21120 (N	Benway Ct	- Dr. Caren	celend
0 = 3 ×	23a BURIAL, CREMATION, REMOV	SIGN AND 23c	NAME OF CEMETERY OR CREMATORY	173d LOCATION		20770
	(SPECHY) Burial	CONTRACTOR	. Lincoln Cemetery	Brentwoo	d, P.G., Ma	aryland
		SONS FUNERAL HON			756. REGISTRAR'S SIGNAT	URE
A 15, 4)		Avenue, Hyattsvil		UMI OBUND	grown warrann	Mastra



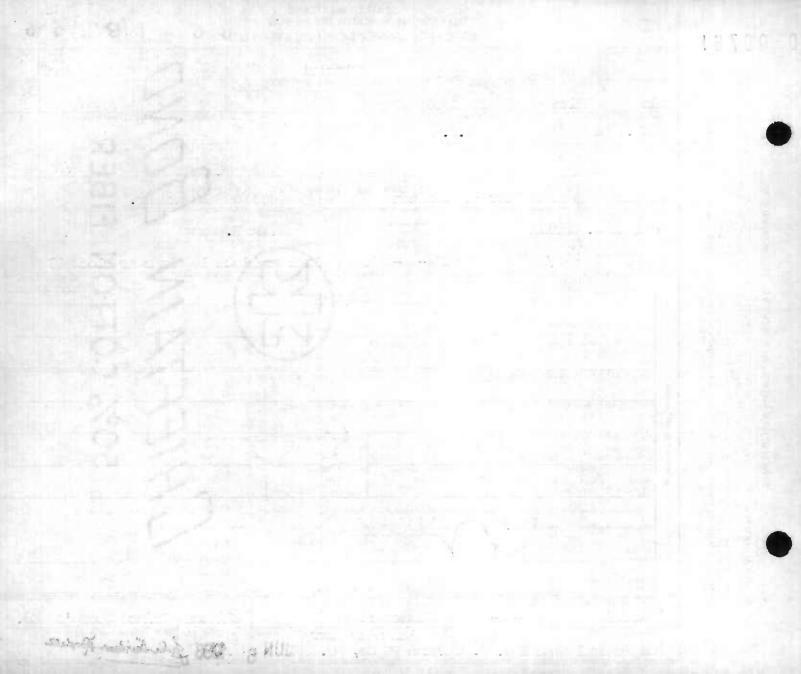
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH -09202 REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) Mitchell . Julianna M. DEATH MATED 5-26-8619 4 RACE 6. AGE (IN YEARS 2d HOUR 3. SEX IF UNDER 1 YR. JE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 5:30a 5-26--86 MARCH 19,1986 FEMALE WHITE DEAD YRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY U.S.A. Prince George's County MARYLAND DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS Leland Memorial Hospital FOR MOST OF WORKING LIFE) Riverdale NONE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 138 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN PRINCE GEORGES HYATTSVILLE NO K 6517 41ST AVENUE 20782 MARYLAND YES [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST FIRST WILLIAM MITCHELL JULIA CLARK R. H. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO. OR UNKNOWN) NONE WILLIAM MITCHELL, FATHER, SAME AS ITEM #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH Sudden infant death syndrome BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to HEALTH A CERTIFICATION 190. DATE OF OPERATION USED A 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CALL WASHING THE WASHING THE PART TO THE CHIEF TORK BOARD SHOULD BE USED THE STATE DEPARTMENT OF H E CHIEF BE USED YES NO T 71n EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3.1 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 270. I certify that I took charge of the remains described above, held an Autopsy Inspection lnauiry and in my opinion Natural causes X Hamicide L death resulted from: Undetermined manner TITLE (SPECIFY) 5-26-86 M.D. Assistant MEDICAL EXAMINER DATE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 6/2/86 BURIAL GEORGE WASHINGTON CEM. ADELPHI PG MD. BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE RICHARD RAPP. INC. **DHMH - 17** (VR A15 ME (5)) 1804 T ST., N.W., WASHINGTON, D.C. 20009 20M 4/82



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		11.	FOR STATE				EALTH AND ME	ENTAL HYGIE	NE 6	5 2	5 4
10-	07741		REGISTRAR		MEDICA	LEXAMINE	R'S CERTIFIC	CATE OF DE	ATH REG	. NO.	
, 0			ECEASED NAME	FIRST	WIDDLE		LAST		20. DATE KNOWN	MONTH D.	AY YEAR 26 HOUR
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	ALEAS FOLIS HOUR STREET	3. SI	X 4 RACE	5 DA	ATE OF BIRTH	6. AGE (IN YEAR		IF UNDER 24 HRS	. 2t DATE		DAY YEAR 24 HOUR
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	SE S	de de	OREIGN COUNTRY)		TT C A		MARRIED NEV	-	A	Tions	-
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	W H V	14.	ATHER'S NAME	MIDD	N.F.	LAST	15. MOTHE	R'S MAIDEN NAM	MIDDLE		LAST
	# 485 E	ON	oah	MIDU	_	we	Ka	therine	2) JOHN	Wins	ton
1	0 000 TO	160.	WAS DECEASED EVER	N U.S. ARMED F	ORCES? 166 SC	OCIAL SECURITY			ADDR		
	JES AFTER S GIVE PA WITH FOR DIVISION		YES, NO, OR UNKNOWN)	I IF YES, GIVE WAR OR		7-24-37	49A Mari	o Honle	y-Same a	20 # 13	above
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	A TANA SA				DUE TO, OR AS A CO	DNSEQUENCE OF				10-00	
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	MER PER		death resulted fram:	Natural cau	ses , Acciden	Suici	de 🔲 , Hamici	de 🔲 - Unde	termined manner		
	AA WEE		ACTUAL /	MAIGUE	Ch UK	1-11-01	TITLE (SP			100	
	AESET.	-	SIGNATURE	in the said	10/1	myn	M.D. Depu	Ity MEI	DICAL EXAMINER	DATE SIGNED	1 - 23 - 86
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	DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYIAND, 21201P	6	(TYPE OR PRINT)	Augusto	P. Rodrig	guez M.I	ADDRES 5C	009 Raybu	rn Ct , To	emple Hil	lls. MD
	PA TA PETO	23	BURIAL CREMATION, RE	MOVAL 236. DA	TE / 23c	NAME OF CEME			OCATION		
	07/84 BP		(5/2	28/86 1	FARMONY	NEH. 1	ARK Z	ANDOVER	P. G.	MA. STATE
	25M		FUNERAL DIRECTOR		,	•	12		Y REGISTRAR 256 R	1	ATURE
	DHMH - 17 (VR A15 ME (5))	H	. S. WASHING	CITON & SI	ADDRESS A	MARONG HI	AUF NE	MAY 27	1900 11	K.	
	(AK WID WE (2))	17	- (14.421/1/4		7/23 /3	CH CHANGE	400, 4-01		Julia	weight !	and 10



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH CTAPE OF PERVIS ESTI-Anthony DEATH MATED 30/10 86 Morisi David 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOLINCED 30/19 86 1959 27 DEAD Male White 01 29 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE TETATE OR MARRIED NEVER MARRIED X Wash., DC U.S.A WIDOWED DIVORCED Prince George's ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 117b, KIND OF BUSINESS. OR INDUSTRY Clinton Southern Maryland Hospital Student 13d. INSIDE CITY LIMITS? Prince Georg's Maryland 6209 Edward Dr. 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST Dominic B. Morisi Janet R. King 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 214-82-6315 Same as block 14 Same as block 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO O 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR AM MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 4:46 P.M. 5/30/ 19 86 subject hanged self 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.I. CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK bathroom Private Room, Southern Maryland Hosp. Clinton Md. 220 I certify that I took charge of the removes described above, held an Autopsy Inspection and in my opinion Inquiry Suicide X Hamicide Undetermined manner death resulted from: Natural cas TITLE (SPECIFY) ACTUAL DATE 5/31/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23g BURIAL, CREMATION, REMOVAL 23b DATE 06-03-86 Resurrection Burial Clinton Prince Georg's 6633 Old Alexander Ferry 250 DATE REC'D. BY REGISTRAR 150 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Lee Funeral Home Inc.Rd. Clinton PG Co, Md. 2073 11 N (VR A15 ME (5))



BALTIMORE, MARYLAND 21201 201 W. PRESTON ST., DIVISION OF VITAL RECORDS,

FOR

- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

86 15257

1		REGISTRAR		CENTIL	ICATE OF DEATH	REG. NO		•	
ı		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	Fred	W.	Mugle	eston	May	31,	1986	12:53p _M
1	3. SEX	(RACE	5. DATE		6 AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	
	M	lale	WHITE	MAN MAN		82	YRS		HOURS MIN
ı		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
ı		UTAH	U.S.A.	WIDOW		Prince Ge	eorge	s	MD.
4	10 CIT		1. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
J		verdale		emorial H	ospital	ACCOUNTANT	WORKING	INDUSTRY SEL	
Į	USUA 13a S	AL RESIDENCE LIF NURSING HOME OR C	THER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION) OR TOWN	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	71P CO)E	
)		Md. P.G.			YES X NO [10221 RI	GGS		20783
ł	14. FA	THER'S NAME	IDD1E	LAST	15 MOTHER'S MAIDEN NA	WE		{A	ST
ı		FRED	MUGLI	ESTON	EMMA		1	VETZEL	
7		AS DECEASED EVER IN U.S. ARM		IAL SECURITY NO.	17 INFORMANT	ADDRE	55,72	CDDIIC	EWOOD CIR.
	[A	NO (IF YES GIVE	WAR OR DATES] 718	-09-5008	WILLIAM F.	MUGLESTON			XAS 75115
ı		18 CAUSE OF DEATH (Enter only	one cause per line for it	1), (b), ond (c)				APPRO:	CIMATE INTERVAL
ı	- 7	PART I. DEATH WAS CAUSED IMMEDIATE	13 05	dintes	piratury	Failuxe			
ı		IMMEDIATE							
1		C- 186- 11	DUE TO, OR AS A CO	COTCLIA	intention	SORSI	2		
ı	- 1	Conditions, if any, which gove rise to immediate	(p) 1, 10	arared	17 Parcella	12021) .		
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	DNSEQUENCE OF	V				
ı			(c)						
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	0
4	CERTIFICATION	19a DATE OF OPERATION	LIST CONDITION SO	P WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20h 15 VI	ES, WERE FIND	NCC HEED
	5	IN DATE OF OPERATION	178 CONDITION TO	WINCH OFERATIO	WAS PERFORMED		IN CERT	IFYING CAUSE	S OF DEATH?
	E					YES NO		ES 🗌	NO 🗌
		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	216 TIME OF INJURY HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
ı	AL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
Į	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION	CITY OR TO	s/b)	COUNTY	STATE
	×	WHILE OF WHILE OF AT WORK	(AT HOME, STREET FACTOR	Y, OFFICE FARM, ETC)	SIREEL	CHTORIO	W 15	COUNTY	STATE
ı		220 1 certify that (I) (this hospita	ol) attended the decease	ed from	21 19 86	5-	30	19 86	that (I) (we) last
		saw the deceosed alive on_ abave, [] (we) (did) (did not	5 - 30	19_86.0	nd that in (my) (our) apinion o	death occurred on the do	ite and ha	our and Iram the	couses stated
J		22b. SIGNATURE	1		DEGREE			22c. DATI	SIGNED
		12	y below	VD	ATTENDING PHYSICIAN S	MEDICAL STAF	F IAN	6-	4-86
		22d. PHYSICIAN'S NAME TTYPE OR	PRINT	,	22e ADDRESS	A A A E		ATI	=== /1
		K.A. 191	101KH-		704 40RM	IAN AVE,	LAU	KEL 1	ND 2070
		SURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(5	CREMATION	6-4-1986	CHAMBI	ERS CREMATORY	RIVERDA	LE.	P.G.C.	Md.

RIVERDALE, Md. 2073

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

JUN 10 1996 Julia Davidous And

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept. of Health

IMPORTANT. If Item 21 is

24 FUNERAL DIRECTOR

W. CHAMBERS CO.

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OR ATTENDING PHYSICIAN:

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	F	rancis	Jo	seph	Mulcal	-0	Cla	ara	ME	WIDDLE			Hurd	
be executed an ond construction on ond construction or	(YES, I	DECEASED EVE NO OR UNKNOWN) YES		E WAR OR DATES)	166. SOCIAL SEC		17. INFORMAN Barbara		ulcahy	127 Bow	ss 55 Mic ie, M	0 2	0715	
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OR ATTENDI e hospital or DIRECTOR: A ched for use Dept. of Heal	220	I certify that to the decembers, (I) (we)	I) (this hospi	the body	e deceosed from 5-26-19 offer death.			TENDING HYSICIAN			ote and had	220	om the cou	
TO HOSPITAL TO FUNERALL should be deta with the State I	23a. BURI	AL, CREMATION	IF.S.	QAD 23b. DATE	R 1		220. ADDRESS 4713 - EMETERY OR CR	BERL	23d. LOC	ATION		COUNT	v	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		RAL DIRECTOR	NOTES A	77 7	0000 Anna			25a. DAY	VAY 2	REGISTRAR	25b. REGIST	TRAR'S S	IGNATUR	E Manglase

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE GISTRAR CEASED NAME 20 DATE KNOWN TYPE OR PRINT OF. ESTI-901 ORREST DEATH MATED WOOD THIN 72 HOURS DATE PRONOUNCED DEAD 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED N NEVER MARRIED North Carolina DIVORCED WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Ret . Engineer Fed. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY STREET ADDRESS IN FATHER'S NAME 15 MOTHER'S MAIDEN NAME H. Mary D LAST Marshall Mullis 17. INFORMANT 9402s 6th St. 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 951-1955 212-30-1504 Nancy Mullis N. Laurel, Md. yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial Infanc Minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION OF RE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? IS PAGE 3 SHOULD BE US STATE DEPARTMENT OF 2, 21201 PRIOR TO BURL YES [] NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FITO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN Notural causes death resulted fram: Homicide ____ Accident Suicide Undetermined manner ILLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 2365729/86 Mead Swridgeme . PR. Cem 23d. LOCATION Balto. Md. 07/B4 BP 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) LAUREL, MI)

F F 20 36 72 FORKET HOMEN'S MULLIS !! PP 28 42 78 97 13 DE 25 O1 WILL HOW 82U sullotes foro 18 mes 600 1905 LAUREN LAURE BONTY HE THE SHE SHIT HOLD LOVE - LAUREN LAUREN LOVE -Was been word X land to see all IN ver legi-less 212-20-1500 ceriolis Withoutly al. A) Hy of a dig to bring the strain CHIEF WESTERNISTER CONTRACTOR PROPERTY OF A CR 22 Destro W Manuty ... PAUL A. DEVARE SED 4200 DUEGERSUNG HUNTERING ALD

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REE	3 SE	4. R		DATE OF BIRTH	-	AGE (IN YEARS	IF UNDER	R I YR. IF U	JNDER 24 HRS	. 2c DATE	MONTH DAY		2d HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. MITHIN 72 HOURS	Fe	emale 1	White I	Dec. 26,	1905	80 YRS.	MONTHS	DAYS HO	DURS MIN	PRONOUNCED DE AD	5/18	1986	9:25 P: M
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oth cer ending e corbo m, or re motice				AS A CONSEQUE		- 1	0	/	1 1			10	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician. It the this certificate been signed by the attending physician and campletely filled in by its burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill than demonal Hygiene prior to burial, cremation, or remayol. orked or tem 18 shows any injury, or other traumatic event, the medical expraintents and a statements.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		as a copiseque	NCE OF	twe C	ardia	e Fa	luse			K	
equires to signed. Then ple to burno nijury, or	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS COM	NTRIBUTING TO I	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONDIT	ION GIVEN	IN PART 1	0	
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G PHYSi offending er this co s the bur i and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O			211 LOCATI	ON	/	CITY OR TOWN		COUNTY	S	STATE
R ATTENDIN hospital or in the three or in the three or in the three or is the three or is the three or is the three or is the or is the three		220 I certify that Ur (this hasp sow the deceased alive or above, (I) (we) (did) (did no	May	14 195	110	d that in (my) (our) opinion	to	May ed on the date	ond hour on	d from the	that (I) (v	we) lost
F 500 F		22b. SIGNATURE	Marini			DEGREE	ATTENDING PHYSICIAN	DIRECTOR	STAFF	٧ 🗆	22c DATE	SIGNED	36
O HOSPITAL etained by th TO FUNERAL hould be dete		MOBARA		CARIM		450 ADDRES	o Colle	ge Ave	, Colle	ge Pa	rk,	MD	
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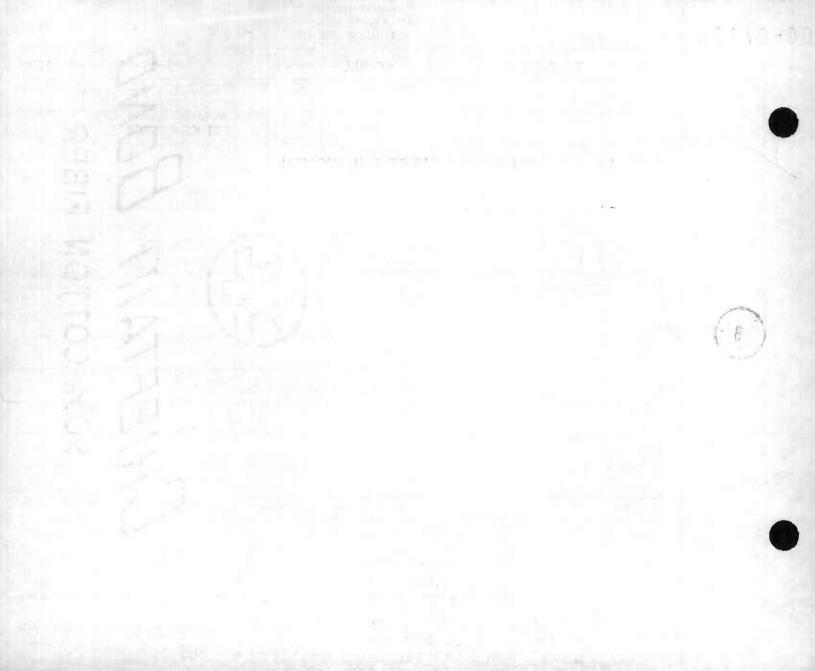
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		-1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	ay be	7,41	(I I I I	JAMES	S ALBERT	NEELY	05 17	86 5;00am
	may b		3 SEX		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
	ge 4			Male	Caucasian	Nov 1 1 1938	47 YRS	
	Po Po	12/	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	
	death unero	ot /		Illinois	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE'S	
0	ofter o	8/6	10 C	TY OR TOWN OF DEATH CLINTON	(IF NOT IN SUCH FACILITY, GIVE S	IRSING HOME OR OTHER INSTITUTION THREE ADDRESS) RYLAND HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) DBERSTOR	12b. KIND OF BUSINESS OR INDUSTRY avern
4D 212	Ta hour	425	USU/ 13e S M	AL RESIDENCE (IF NURSING HOME OF TATE 131 COUNTY CO	OTHER INSTITUTION GIVE RESIDENCE IN THE STATE OF THE STAT	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / ZIP CODE 2567 Robinson	Place/20601
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MARYLA	hed	180	2	James Les		First Haz		LAST
BALTIMORE,	1	J die		VAS DECEASED EVER IN U.S. AR	F WAR OR DATEST	SECURITY NO. 17 INFORMANT BO-1821 Ruth B. N	ADDRESS	s as #13-
ALTIA	1 2 8 3		H				eery -James	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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P V	Physical Phy	E SE		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		
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	ATTEN aspitol actor us	21:		saw the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter death.	19, and that in (my) (our) apinip	n death accurred on the date and hour a	
	OR A e ha DIRE	f Item		226 SIGNATURE	N Math	DEGREE ATTENDING		5-17-86
	ITAL by th RAL det	ANT		22d, PHYSICIAN'S NAME (TYPE C	7. reach	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	13-11-86
	HOSPITAL	With the S	80	KRISHAN		WALDO	REF Mel. 2	0601
	of OT of shoot	3 3		BURIAL, CREMATION, REMOVAL		23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
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	DHMH - 16 60			untt Funeral		8 DOX 136	WAY 20 1988	R'S SIGNATURE
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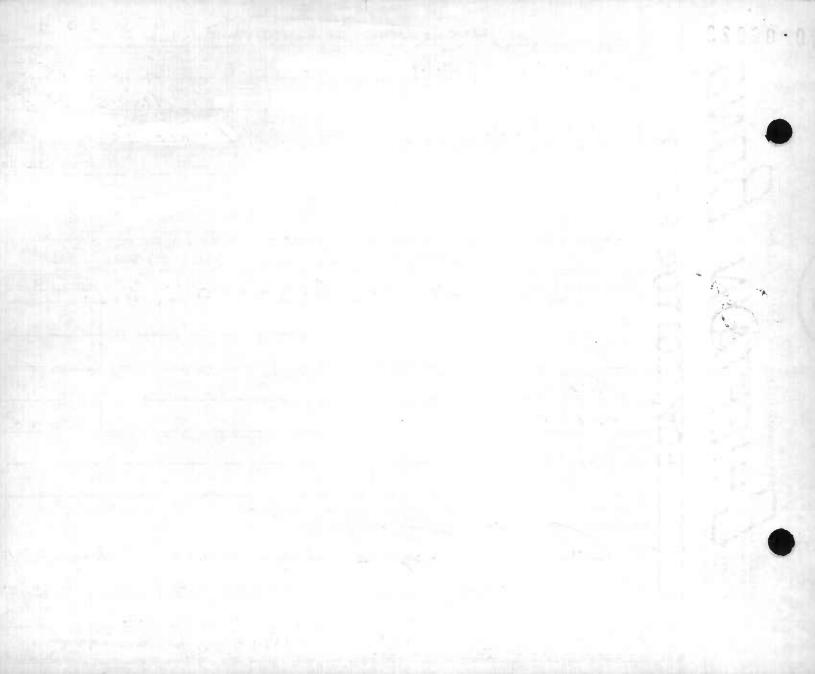
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nay be poge 3 r deoth		CEASED NAME FIRST OR PRINT) TERES	MIDDLE	OSHELL	2a DATE OF DEATH	05-05-86	26 HOUR 5 .12PM
T. po	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
oge 4		emale	Black	Aug. 4,1911	74	YRS	
	Λ.	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED V		GEORGE'S	MD.
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ORDS, or requirements of the requirements of t	TION	19a DATE OF OPERATION	MPENDING 1	CENAL FAILL	200 AUTOPSY?	206. IF YES, WERE FIND	ANICS HISTO
TAL REC The low icion. The hos be sist permi giene pringsene	CERTIFICATION				YES NO NO	IN CERTIFYING CAUSE YES	NO [
> Z & O O T E 8		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	40
NG PHYSICIA NG PHYSICIA After this certif th and Mental th and Mental orked or frem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
A ATTENDIN hospital or RECTOR: After use for use opp. of Health of		22a I certify that (I) (this hosp sow the deceased alive of	ortol) ottended the deceased from 5/5/86 19	5/3 , 19 8 6	, to5		e, that (I) (we) lost ne couses stated
OR he he		22b. SIGNATURE	+ Andow	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF N/	TE SIGNED
TO HOSPITAL of retained by the TO FUNERAL IS should be detro with the State [ROBERT	SNIDOW MI		alth Cons	ter PGG	-14
BP		BURIAL, CREMATION, REMOVA: (SPECIFY) Burial		Harmony Memori	23d LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/84	-	UNERAL DIRECTOR		06 166 250 DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	Maryland ATURE
(VRA 15, 4)	S	tewart Tuner	al Home-4001 1	Benning Road N.	MAY 22 1986	gration devision	7-17-1



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Livija (N.M.I.) Ozolins DEATH MATED 6. AGE (IN YEARS IF LINDER TYR IF UNDER 24 HRS DATE PRONOUNCED White Jan. 31, 1903 Female 83 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Latvia U.S.A. Prince George's County 10 CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Custodian Prince George's General Hospital German Embass Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITES 5201 Quincy Street, #301 20710 Prince George's Bladensburg Maryland 14. FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ernest Staune Alvina (Unknown) The WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) 579-44-5042 Inara Sturans (Daughter) Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PRESTON ST., PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate 3 cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3 SHOULD BE I 71b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Inspection & EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FA TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN death resulted fram: Undetermined manner TITLE (SPECIFY) SIGNATURE ___MEDICAL EXAMINER John S. Rogers, M.D. 1919 Seminary Road Silver Spring, Md. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATOR Burial 5/17/86 Rock Creek Cemetery Washington, D.C. 07/84 25M Francis Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781



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21201	AND 1808	13a. S1	Md.	13b COUNT	OTHER INSTITUTION, GR	130. CITY OR TOWN Laurel	ION)	13d. INSIDE CITY LIMITS? YES NO	14 Gree	enhill	Rd.	207	07
RE, MD	SES 1, 2, 2, 2, 2, 3, 4, PM 3, 4, PM 3, 4, PM 3, 4, PM 3, PM		THER'S NAME		WIDDLE	Parso	ns	15. MOTHER'S MAID Mabel	EN NAME	MIDDLE		ought	
BALTIMORE	AFTER DAILY FORM H FORM AGES 1.	16a. W (YE	VAS DECEASED EVER (S, NO, OR UNKNOWN)	(IF YES, GIVE V		577-18-0		Roy Clin	kinbear		8 Inwo		
RDS, 201 W. PRESTON ST	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 2 and 10 and	7	Conditions, if a gave rise to a couse (o) stoting lying couse lost.	ony, which immediate the under-	CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	SMOKE INhal AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF OF	DR CONDITION GIVEN IN P.	ART Tio:			ETWEEN ONSE	
AL RECORDS,	SHOULD BE LOND SENDING	CERTIFICATION	190. DATE OF OPERA	ATION	196 CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20	AUTOPSY?	
Z Z	X S P J S S	RTIF	210 EXTERNAL CAU	CEVALAC	21b. TIME OF	10.10.00.0	Ton					YES 🗌	NO 🛚
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DIVIS	THIS GER WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY OCCUR WHILE AT WORK AT W		STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	51	cation treet 4 Greenhil	city or 1 Avenue	The second second	Prince		state
•	EXAMINER: GERTIFICATE DUED BE FORM DIRECTOR: WITH THE S MARKLAND		220. I certify that death resulted from ACTUAL SIGNATURE		e of the remoins ees	Accident XX S	Autops	Hamicide	Undetermined	manner ,	DATE SIGNED	5-29-	-86 -86
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH		EXAMINER'S NAME (TYPE OR PRINT)		is F. Smy			ADDRESS	Penn St.		., Md.	2120	1
07/B4 25M	BP	(5)	Burial Burial		6/3/86		ncol	n Cemete:		twood	P.G.	Md st	ATE
25/4	DHMH - 17 (VR A15 ME (5))	24 FL	NAME ECK F. U.	INC	76 1/ ADDRESS	Rec, MZ	PING.	ZC. 250. DATE	REC'D. BY REGISTI	Fisher D	TRAR'S SIGN	ATURE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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	OR PRINTS	FIRST	MIDDLE		AST	20. DATE OF DEA		DAY		26 HOUR
		Salina	S.	Per			5	23	86	12:1
3. SE X		4 RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	MOI	UNDER I YEAR	HOURS
	Female	Whi	lte	3 MONTH	2 1896	90	YR	S		
C	RTHPLACE (STATE OF F		OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE C	ITY OR COU	O YTM	FDEATH	SHELL
Vi	rginia	U.	S.A.	WIDOWE		Prince	Georg	es		
10 CI	TY OR TOWN OF DEA		OF HOSPITAL, NURS IN		OR OTHER INSTITUTION	12a USUAL OCCI		IC LIEEL	12b. KIND OF	BUSINES
	Clinton	South	ern Marylan	d Hos	pital Center	Housew		io tire,	Home	
13a S		13b COUNTY Pr. Geo.	134 CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e STREET ADDR	RESS / ZIP CO		20	748
4 FA	THER'S NAME	114 0004	zempze n		15 MOTHER'S MAIDEN NA		a. a	200		140
	John	WIDDIE	Shaeffer		FIRST	Unknown	DUE	9	LAST	
[7	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			Catherine Fl		ame as	ite	em13	
	18 CAUSE OF DEAT	H (Enter anly ane cause	per line far (a), (b), and	d (c					BETWEEN	MATE INTERV
	PART I. DEATH W	AS CAUSED BY. IMMEDIATE CAUSE 10.	Acute Cere	brove	scular Accide	ent			Wee	ks
	Canditions, if any, gave rise to imm couse (a), statin underlying cause	nediote }								
NOI		VIFICANT CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR	CONDITION	GIVEN	IN PART 110	
TIFICATION	PART 2 OTHER SIGN	VIFICANT CONDITIONS	ONTRIBUTING TO D			200 AUTOPSY	20b. IF	YES, V	VERE FINDIN	GS USED
CAL CERTIFICATION		VIFICANT CONDITIONS TION 196 CO DERLYING 1216, TIM HOUR TAUSE OF DEATH	NDITION FOR WHICH (OPERATIO		200 AUTOPSY	20b. IF	YES, V RTIFYIN YES [VERE FINDIN NG CAUSES (GS USED OF DEATH
MEDICAL	19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CHETHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC AT WORK NOTIFY MEDIC	DERLYING TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR	E OF INJURY A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE FA	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED	200 AUTOPSY' YES NO RED (ENTER NATURE C	20b. IF	YES, V RTIFYIN YES [VERE FINDIN NG CAUSES (GS USED OF DEATH NO
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24 FUNERAL DIRECTOR

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md. MAY 27 1986

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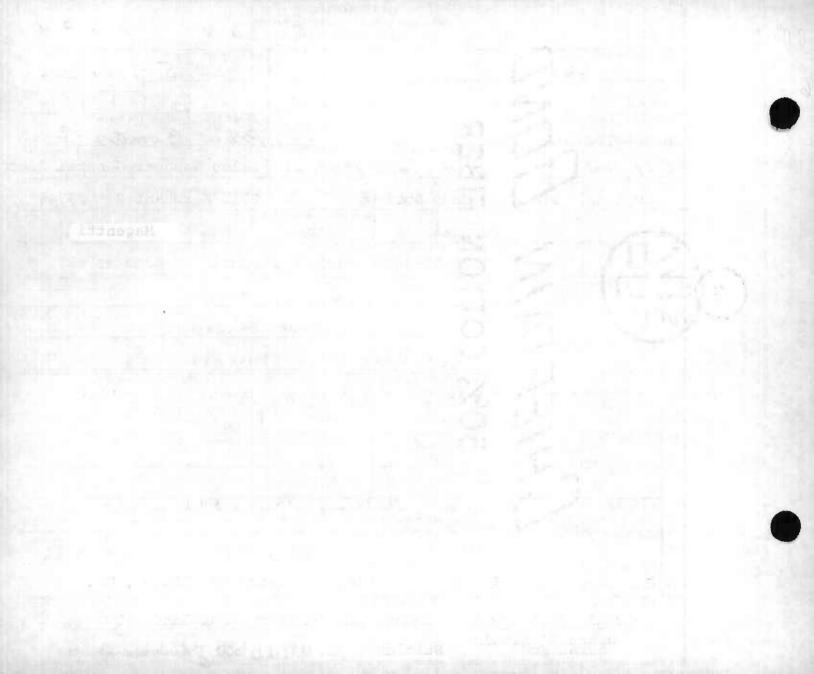
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of death	1. DECEASED NAME FIRST DOR	OTHY LENA	PENDERGAST	MAY 27, 1986	DAY YEAR. 26. HOUR 9 27AM		
Page 4 maj director, po hours after d	3. SEX FEMALE	4 RACE WHITE	MARCH 24, 1909	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
death. Po	(a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE	'S COUNTY MD.		
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AND 213	MARYLAND PRIN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 130 CITY OR TOW DISTRICT	HGTS. 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6524 HALLECK S	TREET 20747		
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TIMORE the second frages or medical	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES) 579-09-7		ADDRESS PENDERGAST, HUSBAN			
re directive and control of the cont	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED' Canditions, if any, which gave rise to immediate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
res that the speed by the please ourtal, cre	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	OUENCE OF SEATH BUT NOT RELATED TO THE TERMINAL WEASE OR CONDITION GIVEN IN PART 110				
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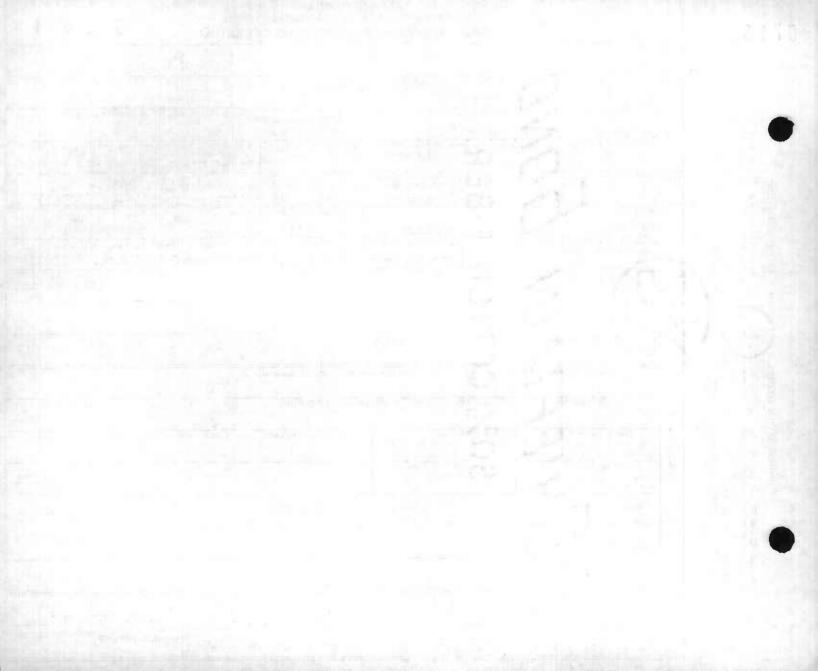
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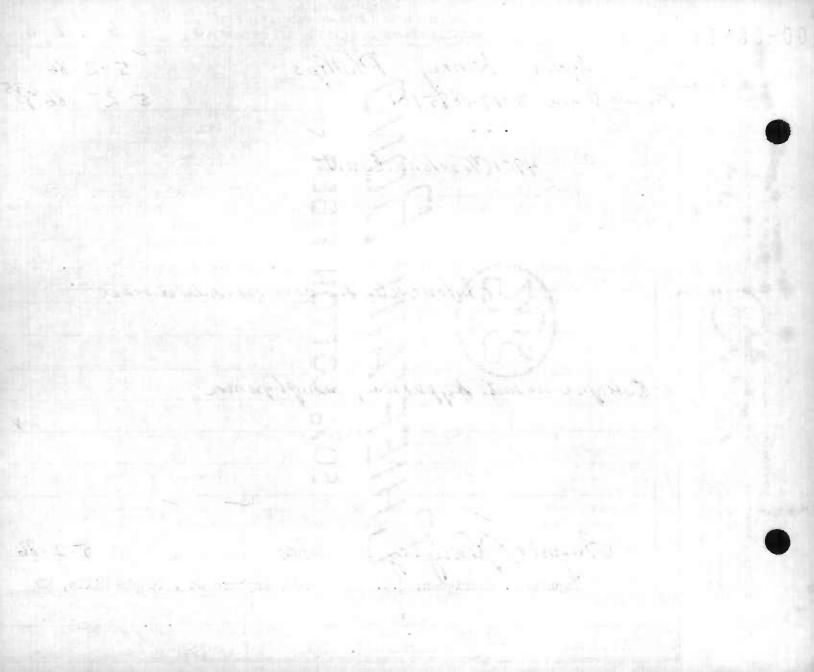
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE ST		XAMINER'S NA	AIII	FI. DIX	OII, IV.	1.0.		ADDRESS_	111	reilli	DL.,	Balto	J. 1 1	עויי	21201	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN X HUBERT PE OR PRINTS Edy is necessary, please to the funeral director. I page 5 for your files. Be filed, within 72 hours Harbont DEATH MATED 1986 Augustus Peterson SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED 69 DEAD Male Black Jun. 20, 1916 1986 70. BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) JAMAICA Prince George's County DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION HOUSE MAN-RETIRED 2000 Erie Street, #202 Adelphi HUSPITAL 13b. COUNTY 13e STREET ADDRESS Maryland Prince George's Adelphi 2000 Erie Street, #202 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME R. PETERSIN, 2000 ERIE ST. ADELPA FREDERICK 1ETGRS an LUCY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN (YES, NO, OR UNKNOWN) 1 (HE YES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Diabetes mellitus. Years IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION None 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FER. THIS C. FORWARDED TO THE STANDING IN THE STANDING BE US. TE DEPARTMENT OF PROPERTY TO BURIA None YES NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 2Te PLACE OF INJURY If LOCATION (AT HOME TO MEDICAL EXAMINER: THIS CENERCITE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DEBATINORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC 1 CITY OF TOWN WHILE AT WORK COUNTY Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural couses death resulted from Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5/15/86 @Deputy SIGNATURE 1919 Seminary Road EXAMINERSHAME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery County, Md. (TYPE OR PRINT) Mashing love 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

45 M. 188 ME JOHNSON, Christophanes Distriction State IT I HAVE I ELECTION & PETERTURE SHAPER ST TREET There would no grades settlemen see the see you

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER AGE (IN YEARS TIF UNDER 24 HRS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York U.S.A. Prince Georges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS None INDUSTRY Temple Hills 130. MATE 13d. INSIDE CITY LIMITS? Prince Georges Temple Hills 4901 Cleveland Court A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lyman Kinney Hariett Maxson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Loren W. Parker 4901 Cleveland Ct. Temple 212-56-0609 No None CAUSE OF DEATH (Enter only one cause per ling far (p), (b), and (c).) Hills Md 20748 PART I DEATH WAS CAUSED BY: Aterio selevo teo Cardio Vas cular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19g DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFO MED 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED (AT HOME. STREET, FACTORY, FARM, ETC) CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural couses Accident Homicide Suicide Undetermined manner PAGE 4 SHOULD BY TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARY TITLE (SPECIFY) 5-2-86 Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) Augusto P. Rodriguez. M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lee Funeral flome Inc. Clinton P Cremation
24 FUNERAL DIRECTOR 07/84 25M 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 6633 Old Alexander Ferry Road Clinton Md. 20735 (VR A15 ME (5))



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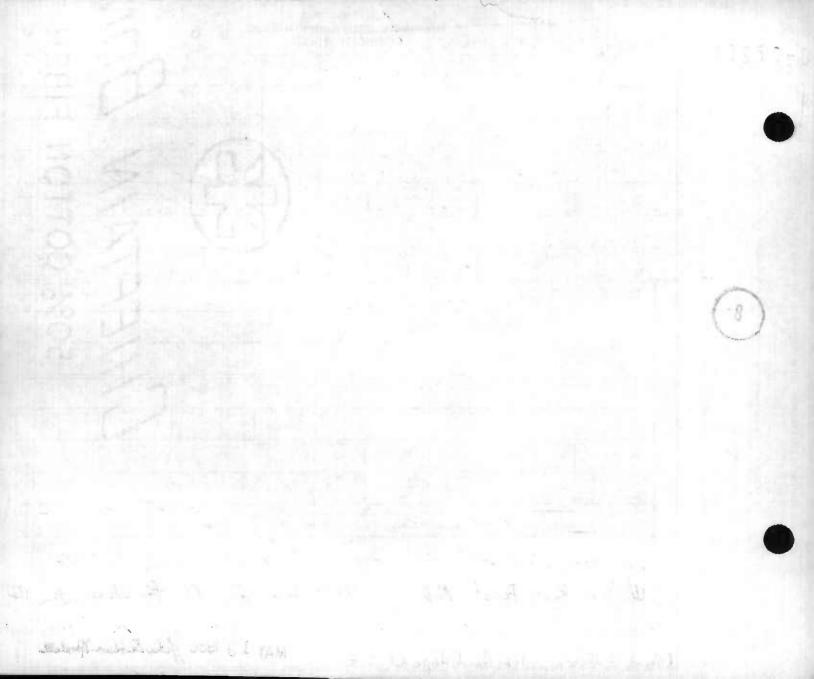
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 26. HOUR (TYPE OR PRINT) OF ESTInnala 10 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 7a BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WISCONSIN USA DIVORCED XX Prince George's WIDOWED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Salesman Fire equip. Lanham USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET ADDRESS GREENBELT 7823 Mandan Rd. #201 GEO MD NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST EIRST EUGENE PILON IRENE HILKER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Son Rt. 4, Box 65B Waldorf, MD 20601 390-22-1333 EDWARD W. PILON BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY emplerola Cardio Vasculos IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART I OF PAIGHTERANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 20 190. DATE OF OPERATION CERTIFICAT 19h GONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING The CARDED TO THE CARD YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME 21E LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 ATER, DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET 212011 WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Accident death resulted from: Notural causes Homicide Undetermined monner TITLE (SPECIFY) DATE Deputy MEDICAL EXAMINER SIGNED EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct . Temple Hills, Md (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 231. NAME OF CEMETERY OR CREMATOR 23d LOCATION (SPECIFY) 5/23 /86 Buria Bryantown 07/84 Charles 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** FUNERAL HOME, INC., WALDORF, MD (VR A15 ME (5))

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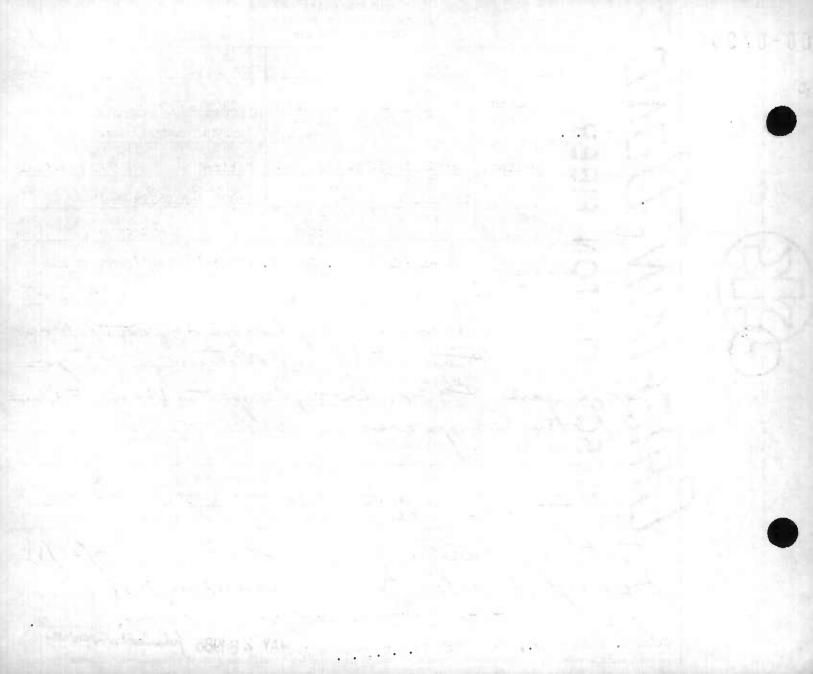
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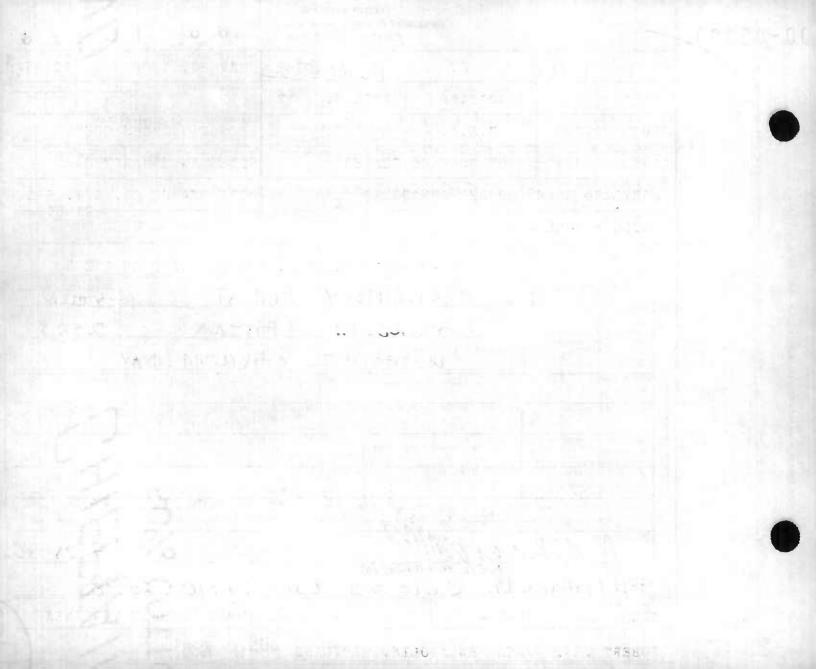


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20 DATE OF DEATH MONTH 25 HOUR TYPE OR PRINTI 5:45p M May 20, 1986 Sally Kate PRINCE 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3 SFX 5. DATE OF BIRTH Female Black 14 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED Prince George's Co. Lawrence, S.C. USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctors' Hospital of Pr. Geo. Co. GWU Hospital Lanham Retired USUAL RESIDENCE (IF NURSING HOME OR OFFICE WITH UTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Lanham 11006 Annapolis Road Md . YESX NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CIRST LAST MIDDLE Willie Hooker Bertha Lantern 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO I IF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) Mr. John S. Prince/husband/same as 13e 579-18-3127 No 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (all DUE TO ORTHER CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause fast. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICAT 9n DATE OF PERATION WAS PERFORME TO IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJUR TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE [220.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive an. , and that in (my) (aur) apinion death occurred of the state and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ld be deto the State [PHYSICIAN PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 5-24-86 Harmony Memorial Park Burial Landover. Md. 250. DATE REC'D. BY REGISTRAR BLAEGH RANS S 24 FUNERAL DIRECTOR John Rhines Co., 3015 12th St. N. E., D. C. 2001 DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND



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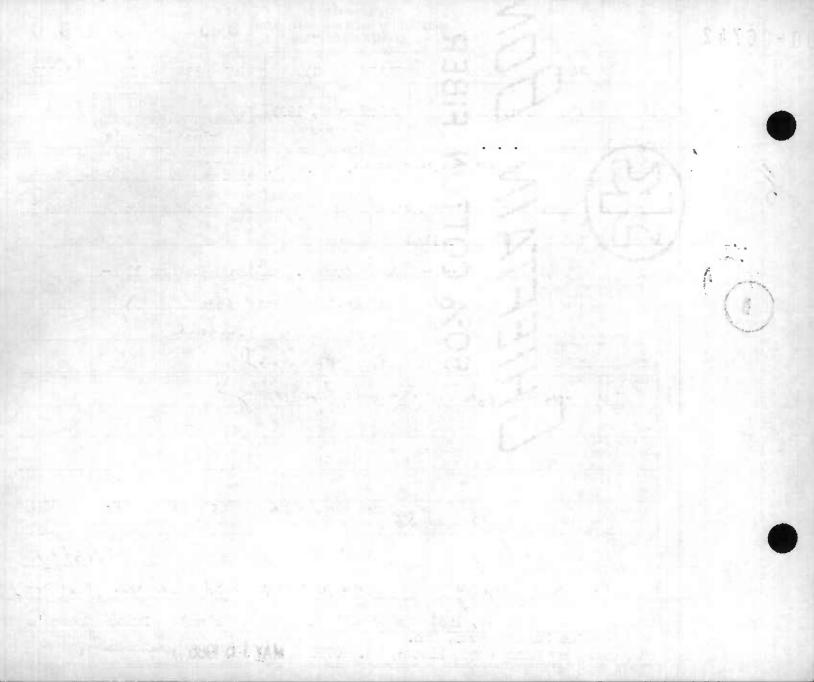
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6d33 Old Alexander Ferry Road Clinton, Md. 20735

DHMH - 16 60M 7/84

Julia Navidson Mandalas



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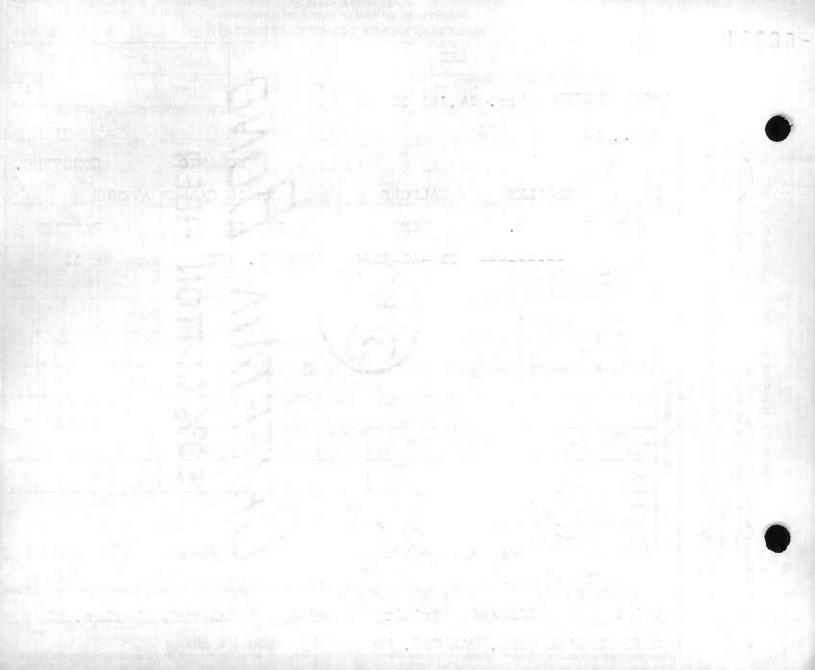
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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE	or praint	REG. I			1
DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAS1	2	a. DATE OF DEATH		YEAR	26 HOUR
Anna		Riedy			1986		9:45 P
Female	White	Nov. 25	1908	AGE (IN YEARS LAST B	YRS	NIHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8	VER MARRIED - 9	BALTIMORE CITY	OR COUNTY O	FDEATH	
Pennsylvania	U.S.A.	WIDOWED 3	DIVORCED		George!		М
CITY OR TOWN OF DEATH Forestville	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST REGENCY NURSIN	ng & Rehab.		2a USUAL OCCUPA (1YPE OF WORK FOR MOST Housewii	OF WORKING LIFE)	12b. KIND O INDUSTRY N/A	F BUSINESS OF
	OTHER INSTITUTION GIVE RESIDENCE BE NTY 134. CITY OR TO COMPANY OF THE OTHER O	OWN 13d INS	NO 🗌	street Address 1600 Jar		nue	20745
Alois	Potetz	3	ROSA	MIDDLE		Kloibe	r
60. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SI VE WAR OR DATES) 179–18		para Muffle		arvis A Hill, M	arylar	MATE INTERVAL DIVISET AND DEATH
190 DATE OF OPERATION	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH	TO DEATH BUT NOT REL		200 AUTOPSY?	20b IF YES, V	WERE FINDIN	NGS USED OF DEATH?
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO DEAL LE SAMINES 21d IN JURY OCCURRED WHILE NOT WHILE ALWORK ALWORK	HOUR A.M. MONTH	19 211 LOC	CATION		IURY IN ITEM 18 PART		NO _
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22d PHYSICIAN'S NAME (TYPE OF Thomas F. C)		22e AD 91					
30. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	6/4/86	Sacred Hear	t Cemetery				Penna
6160 Oxon Hill F			25a. DATE R	REC'D. BY REGISTRA	R 25b. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

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George F. when it fore

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH YEAR 2h HOUR YPE OR BRILL 5:06A M Nicasio Macagba RILLON May 18,1986 A AGE LIN YEARS LAST BIRTHDAY IF LINDER LYEAR 4 RACE 5 DATE OF BIRTH Oct 4 1904 YEAR Filipino Male 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Prince George's Philippines USA WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Doctors Hospital of Pr. Geo. Co. TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Driver Taxi GUAL RESIDENCE (IF NURSING HO OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS ZIP CODE AVE 20706 George Seabrook Maryland IS MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Macagba Macagba ue Rillon Matilda Yedefonso ADDRESS 16b SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 578-44-2498 Ralph Rillon Same as #13 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? d NO NO [210. ACCIDENT WAS UNDERLYING 21h TIME OF IN ILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 22s.1 certify that \$1 (this bospital) attended the discessed from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77% SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 724 PHYSICIAN DINAME THREORY 9500 Annapolis Road #A2 Lanham, Maryland 20782 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRER OBERT E Wilhelm Funeral Home

21May1986

230 BURIAL, CREMATION, REMOVAL SPECIES Burial

Suitland, Md.

Cedar Hill Cemetery

MAY 23 1986 Julia Suidan 18

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Md

Beall Funeral Home Bowie, MD 20715-3043

DHMH - 16 50M 4/83 (VRA 15, 41

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STATE OF MARYLAND	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

İ		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	9 6	
	TYPE	CEASED NAME FIRST GUERNINI		R:	Rİ	NGELBEIM .	2ª DATE OF DEATH	ay 28	8 86	26 HOUR 20
	3 SEX	FEMALE	4 RACE WHITE		S. DATE C		6 AGE (IN YEARS LAST BIR		ONTHS DATS	HOURS MIN.
		NEW YORK	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	PRINCE (R COUNTY		MD.
		TY OR TOWN OF DEATH GREENBELT	(IF NOT IN SUC GRE	ENBELT NU	JRSINC	OR OTHER INSTITUTION HOME	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI)			OF BUSINESS OR
	13a. S	FLA	HER INSTITUTION	GIVE RESIDENCE BEFORE 130° CITY OR TOWN MIAMI		13d. INSIDE CITY LIMITS?	13 SIREET ADDRESS 1455 N.TRI	ÉASURE	DR. #	53141
1	TAJEA	THER'S NAME UNKNOWN	MIDDLE	EHRENRE I	СН	15. MOTHER'S MAIDEN NAM YETTA	MIDDLE		JBERGÉÉ	1
	16a. V	VAS DECEASED EVER IN U.S. AR (15 MOOR UNKNOWN) (15 YES GIV NO	MED FORCES? VE WAR OR DATES)	119-14-4		581 HUNGRY H	N GELFANDOR IARBOR RD.		OMERE,	NY 11598
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per ED BY: TE CAUSE (a)	line for (a), (b), and	10	west.			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	H	Conditions, if any, which	DUE TO, O	RAS A CONSEQUE	NCE OF	Corcino	ma Clie	ev)		
		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OI	Couyel	NCE OF	hear V 7	wilme -			
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	PARTEUTING TO D	Jeh 1	Mi / Eule -	INAL DISEASE OR CON	DITION GIVE	N IN PART 1:0	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN ING CAUSES	
		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		220.1 certify that (1) (this hospi saw the deceased olive on abave, (1) (we) (did) (did no	51	2/ 19	Fb., or	nd that in (my) (aur) apinian o	eath occurred on the	ate and hour		that (1) (we) lost causes stated
		Pend P	Cump	99	N	DEGREE MUS ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	5/2 ·	SIGNED 9/86
		ESPUKO CH	AMPAL	OUX		14300 Coulla			207	45

230 BURIAL, CREMATION, REMOVAL REMOVAL/BURIAL

MAY 29,1986

23¢ NAME OF CEMETERY OR CREMATORY NEW MONTEFIORE

21215

234 LOCATION PINELAWN

NEW YORK

24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO., MD 2

250. DATE REC'D. BY REGISTRAR BY REGISTRAR'S SIGNATURE
JUN 4 1986 June Dandon Honder

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Irem 21

Promote March March 3/11/2 JE 1 45 17 V JUJANNA THE

Gula Davidson-Asndales

DHMH - 16 60M 7/84

(VRA 15, 4) 6633 Old Alexander Ferry Rd. Clinton, Md 20735

MATERIAL SERVICES OF YAM

DECEASED NAME FIRST MOORE TRITTENOUR	0-07686	1	FOR - STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	. 1 5	291				
Section The implication of the property of	AP SER		E OR PRINT)				May 20, 19	86	1.00%				
19 10 10 10 10 10 10 10	ge 4 mo				MONT	H DAY YEAR	76	YRS DA	AVS HOURS MIN.				
10 CITY OF TOWN OF DEATH	neral dir	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	10	MARRIE				7				
USUAL RESIDENCE (IF MURPHON ORD DOUTY	s offer d		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	RY				
220.1 certify that (ithis haspital) attended the deceased from 5.19.19.86, to 5.20.19.86, that (we) last saw the deceased alive on 5.20.19.86, and that in four apinion death occurred an the date and hour and from the causes stated above. (If (we) (did) (did not) view the body ofter death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	AND 212	USU 13a.	STATE THE COL	UNTY 13c. CITY OR	TOWN		13. STREET ADDRESS	ZIP CODE	20912				
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230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	Shoot of the shoot	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	/1 /	EMETERY OR CREMATORY	23d. LOCATION	DC/15 11	↑ STATE				
BP	DHMH - 16 60M 7/84	24 F	h NAME III	4		210 DA	Was hunge te rec'd by registrar AY 2.7 1005	25b. REGISTRAR'S SIGN	VATURE 1				

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. ne 6	L DECE	ASED NAME	FIRST		MIDDLE		AST ·	20. DATE OF DEA	. 1	DAY YEAR	245 A		
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1186	SL	ORTOWNOF	NI	SOU!	THERE	TADDRESS	C. No.P.T	120 USUAL OCC HYPE OF WORK FOR HOME	MOST OF WORKING		HOME	₹	
AND 21	The STA	RESIDENCE (# N	NI COUN	OTHER INSTITUTION	136 CITY OR TO	WN	13d INSIDE CITY LIMITS?	Rt. 2,	Box I	.83	20675		
1 10 170	14 FATH	ER'S NAME		MIDDLE	LAST	W-1-14	15 MOTHER'S MAIDEN NA		DDLE	LA	AST	10	
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the by the total		underlying cause last (c) Nathallian										_	
DS, 2		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a											
RECORD	IFICATION F	THE DATE OF OPERATION IN CONDITION FOR WHICH OPERATION WAS PERFORMED 186 AUTOPSYT							IN CER	20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
A TO THE SE	5 _	a. ACCIDENT WAS	ONDERVING T	TIN TIME	OF INJURY		THE HOW INJURY OCCUP	YES NO	1-4	YES [NO []	-	
OF V	100	E CONTRIBUTING [CAUSE OF DEA	HOUR A	M. MONTH	DAY YEAR	THE VICTOR PRODUCTION	AND TENHER NATIONS					
N STATE OF THE STA	1 × -	A INJURY OCC		71s. PLACE	OF INJURY		TH LOCATION	100	v OF TOWN	COUNTY	11414	-	
NIS offer the street		WORK D NO	WORK -	AT HOME S	TREET, FACTORY, CATACI	Tame De l	-1		100	N			
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The State of the s		saw the deci	eased alive on	the bod	Vitter death.	- 01	d that in (my) (our) opinion	death accurred on	the date and h	your and from the	r courses stated		
ON P. P. P. P. P. P. P. P. P. P. P. P. P.	22	A SIGNATURE	1	12 1		5 5	DEGREE	lines		SN: DAT	ESIGNID		
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O HOSPI TO FUNE Thould be Should be MAPOSTA	in	DHAZICIAN.	MAME (TYPE O	Te Pari	tersin	M	750 Sa	nath	RJ 2	01A,(lista	M	
5	230 BUR	IAL, CREMATIC	ON, REMOVAL				EMETERY OR CREMATORY	23d LOCATIO		== COUNTY=	CLATE		
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DHMH - 16 60M 7/84	24 FUNI	ERAL DIRECTOR		****	ADDRESS		2机分	Y 2 2 8 198	TRAR 256 REG	ISTRAR'S SIGNA	THREER		
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,	A	ET,			→ JOSEPH		FRANKLIN		ROBINSON		DEATH MATED	¥ 5−2	2-86 1		M
	2	STATION	3	. SEX		5 DATE OF BIRTH	YEAR LAST BIRTHD	AY) MONT	NDER 1 YR. IF UNDER		ONOUNCED	MONTH	H DAY	YEAR	2d. HOUR
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	Z Z	DIHE FUNERAL DIRECTOR. PICE 5 FOR YOUR FILES. EMILED, WITHIN 72 HOURS	4	In C1	TY OR TOWN OF DEATH			WIDOV			Prince (
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1	1	200 B	1	74		E CAUSE (o)	VUICOT	151	n						
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	SHOULD SHOULD	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE FORWARDED TO THE CHIEF TO FUNRAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DATH, WITH THE STATE DEPARTMENT OF HIS ASTROBATH, MARYLAND, 21201 PRIOR TO BURIAL		LIFIC									(ABDOMENPSONLY)		
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	5	SX 4 5 A W		23a. BL	IRIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CE	METERY C	R CREMATORY	23d. LOCA	ATION		YIMUC		
	7/84	BP/4/	H	(5)	BURIAL	5-12-86	HARMONY	MEMO	ORIAL PARK	LAN	DOVER, F	PR. GE	m's.,	MD.	ile.
25	5M	DHMH - 17		24. FU	NERAL DIRECTOR	ADDRESS				REC'D, BY RE	GISTRAR 256 R	EGISTRARIS	SIGNATU	RE	49-19
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- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I DECEASED NAME FIRST [TYPE OR PRINT] Rotella Jean May 8, 1986 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 23, 1917 Caucasian March Female BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. Prince George's Penn. WIDOWEDXX DIVORCED T IO CITY OR TOWN OF DEATH College Park 6100 Westchester Park Drive Homemaker 3a. STATE 13b COUNTY 6100 Westchester Park Drive Maryland Collage Park P.G. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Pasquale Bottal > 100 Luisa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRES 2210 Callaway St. Rev. Desmond Murphy Hillcrest Hgts. Md. 20748 172-22-5123 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY LEUKEMIC WISIS IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating underlying cause last TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM ETC.) STREET NO! WHILE 220.1 certify that (1) (this hospital) organded the deceased from_ saw the deceased alive on above. (I) (we) (did) aid not view the bady after death and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

FOR

231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL May 12, 1986 Cedar Hill Cemetery Suitland Prince George's Md. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lee Funeral Home, Ince. DHMH - 16 60M 7/84 www wind woon-purpose (VRA 15, 4) 663 3 Old Alexander Ferry Rd. Clinton, Md. 20735

22e ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS Ronald DEATH MATED George Rudisi11 20 19 86 IF UNDER 1 YR. IF UNDER 24 HRS. 4 RACE 6. AGE (IN YEARS 5 DATE OF BIRTH 2c. DATE 23 VPS Male White PRONOUNCED Aug 10 1962 1986 5:37.P DEAD TE BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORE Maryland USA PRINCE GEORGE COUNTY DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Rug Andrews AFB Carpet" Layer Andrews AFBMalcohmGrowMedicalCent. | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 6347 Maxwell Drive Camp Springs YES Maryland Pr George 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Stanley MIDDLE Carson Richard Edna Rudisill 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Mary D Rudisill Same as #13 577 92 4841 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Electrocution DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING FOR 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL FOR FUNCTION BE USED AS A BAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARKLAND 21201 PRIOR TO BURIAL, CREWAT CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YEXX 210 EXTERNAL CAUSE WAS 216. TIME OF INIURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR 5:05PM subject's aluminum ladder touched power line CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED 6347MaxwellDr, CampSprings, PrinceGeoCo, MD AT WORK AT WORK residence/Outside Autopsy XXX 22a. I certify that I took charge of the remains described above, held an Inspection ______ Accident XXX death resulted fram Hamicide L. Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant DATE May 21,86 SKINATURE MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. 111PennStreet, Balto, MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 24May1986 Washington National Suitland 07 B4 24 FUNERAL DIRECTOROBERT E Suitland Wilhelm Funeral Home 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Maryland (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME RUSCIK 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED 24. 1920 65RS DEAD July 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince Georges Viroinia U.S.A. WIDOWED P DIVORCED [ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Union Switchboard Opr Temple Hills ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Temple Hills YES 13e STREET ADDRESS 136 COUNTY 13d. INSIDE CITY LIMITS? Maryland 4104 22nd Ave./ 20748 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Albright Carter Myrtle Henry Lee ABOVES Locust St. . 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 223-12-9074 Robert Black Waldorf, Md 20601 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to AH CERTIFICATION USED / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHIEF AGE 3 SHOULD BE USED YES [DEPARTMENT OF PRIOR TO BUIL 716 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK CITY OR TOWN COUNTY PAGE 4 SHOULD DE TO FUNERAL DIRECTOR: PARENTE DE AFTER DEATH, WITH THE ST. RALT MORE, MARYLAND, 2 220 I certify that I taok charge of the remains described above, held an Autopsy Inspection death resulted fram: Accident Homicide Undetermined manner Naturol causes TITLE (SPECIFY) DATE 5 -31-86 Deputy EXAMINER'S NAME Rodrivuez, M.D. ADDRESS 5009 Rayburn Ct Temple Hills, MD Augusto P. 6/4/86 Arlington Nat Cem Arlington, Arlington Burial 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRES . 0. Box 156 **DHMH** - 17 Juna Deviden Randall Funeral Home (VR A15 ME (5)) Waldorf. Md 20601

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-08029 MEDICAL EXAMINER'S CERTIFICATE OF BEATO REGISTRAR 1. DECEASED NAME 20. DATE KNOWN b HOUR MONTH DAY (TYPE OR PRINT) ESTI-Mabel Josephine 21,10 86 SANNER DEATH MATED MAY & AGE (IN YEARS IF UNDER TYR. YEAR 3 SEX 4 RACE 5. DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED Female Caucasian FEB 20,1925 DEAD 61 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland DIVORCED XX Prince George's County WIDOWED II CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Bowie Bowie Health Center Senior Aide City Goy't USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Pr. George's Mitchellville YES CX NO [17705 Queen Anne Bridge Road 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Maurice SIMPSON Josephine BEALL Leo 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Powers Drive LIE YES GIVE WAR OR DATES! 218-16-2031 Patricia M. Carpenter Laurel. MD 20707 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ebetic ortenoplicatio Cardio orsealer des IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A bunic Obstantine Julning 19s. DATE OF OPERATION 4 FOR WHICH OPERATION WAS PERFORMED? 78. AUTOPSY? BE USED TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BACKWORE, MARYLAND, 21201 PRIJOR TO BURN. YES [] 210 EXTERNAL CAUSE WAS ZIb. TIME OF INJURY 214 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Homicide __ Undetermined monner TITLE (SPECIFY) DATE May 23,1986 Deputy MEDICAL EXAMINER Modriguez, M.D. ADDRESS 5009 Rayburn Court Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION .1986 Lakemont Memorial Gardens: Davidsonville, Anne Arundel Burial BP 250. DAM A 7 D. 2 TOGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 5000 Annapolis Road **DHMH - 17** Beall Funeral Bowie, MD (VR A15 ME (5) Home 20715-3043 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-08030 - STATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) SANSONE RALPH Joseph NERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS 05-26-86 DEATH MATED SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 7:30 Caucasian MAR 8, 1954 32 05-26-86 Male DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County New York USA DIVORCED 2, AND 3 TO THE F 3. RETAIN PAGE 5 2 SHOULD BE FILED 126 KIND OF BUSINESS OR INDUSTRYState O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 6000 block Sarbis Avenue Riverdale Chief Judge New York ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 3a STATE 136 COUNTY 13c. CITY OR TOWN 18 Stuyvesant Oval New York Kings Brooklyn YES A 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Zachary Crisalli Sansone Marv PAGE ORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 146 SOCIAL SECURITY NO 18 Stavvesant Oval (YES, NO, OR UNKNOWN) 124-44-2665 New York, New York Eva D. Sansone 10000 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF ND MENTAL HYG Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN GRE4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL E. FUNCE 3 SHOULD BE USED AS A BURILL FUNCE TO REPRETABLE OF HEALTH AND MATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MALTIMORE, MARTHAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO F 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR HOUR XX MONTH DAY passenger in airplane crash CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK street 6000 block Sarbis Ave. Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection ond in my apinion Inquiry Homicide Undetermined monner deoth resulted from TITLE (SPECIFY) Assistant MEDICAL EXAMINER 5-27-86 SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION MAY 31.1986 Greenwood Cemetery Removal/Burial Brooklyn, Kings, New York 24 FUNERAL DIREC 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 16000 Annapolis Road (VR A15 ME (5)) Beall Funeral Home Bowie, MD 20715-3043

COUNTY LINE SEESEN DE LE 120-141-256 AND THE STATE OF THE LOUD NOW YOUR LOUDS Resovat/During 19,1986 Oreenwood Constant Proceding Cings, New York CHOR - Marrie Some Trust - Marrie 15 - 3043

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN X MONTH OAY TYPE OR PRINT! ESTI-DEATH MATED 5-26-8610 Dennis JOHN SANTACROCE 581 4 RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 7:30 P.M Caucasian July 16, 1948 Male DEAD 5-26-86 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland USA DIVORCED Prince George's Co. B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 6000 block Sarbis Avenue Self-employed Riverdale Dentist UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Anne Arundel Maryland Annapolis YESXX NO 230 Providence Road 21403 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST EIRST William Santacroce Antoinette Romeo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. EYES, NO, OR UNKNOWN 2900 Kirtland Ave. 20747 (IF YES, GIVE WAR OR DATES) 1973-1977 578-64-1637 William A. Santacroce: Forestville, MD CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART L DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 7:25 P.M. 5-26 UNDERLYING TO OR occupant in airplane crash CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) 6000 block Sarbis Aye., Prince George's WHILE AT WORK Md. street 220. I certify that I taak charge of the remains described above, held on Autopsy and in my opinion Accident X Notural causes Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 5-27-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 23g. BURIAL, CREMATION, REMOVAL TIPE DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE 29,1986 Resurrection Cemetery Buria] tery | Clinton, Pr. George's, Maryland 07/84 25M 24 FUNERAL DIRECTOR 6000 Annapolis Road **DHMH - 17** Beall Funeral Home Bowie, MD 20715-3043 was will for the (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-08032 REGISTRAR 20 DATE KNOWN 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-NNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS William DEATH MATED LOUIS 5 SANTACROCE 26 19 86 4 RACE A AGE LIN YEARS 7 SEX 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS. 2d HOUR DATE AST BIRTHDAY PRONOUNCED 7:30 OCT Male 16. Caucasian DEAD 19 86 26 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X Maryland USA DIVORCED Prince George's County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 6000 blk. Sarbis Ave. Riverdale Self-employed Restaurant ISLIAL RESIDENCE HEINN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Pr. George's Forestville 2900 Kirtland Avenue 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST William Santacroce Antoinette Romeo PRESTON ST., BALTIMOR 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Kirtland Ave. 20747 LYES, NO. OR UNKNOWNE I (IF YES, GIVE WAR OR DATES) 577-96-9372 A. Santacroce: Forestville, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral & thermal injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, gave rise to immediate 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last USED AS A BURIA OF HEALTH AND A PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PROBE A SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARY LAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES X NO T 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR XX MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:25 P.M. 5-26- 1986 Occupant in airplane crash. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) NOT WHILE 6000 blk. Sarbis Ave. AT WORK AT WORK street Prince George's. MD Rivendale 226. I certify that I soak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Suicide Hamicide Undetermined manner Natural causes ACTUAL DATE Assistant MEDICAL EXAMINER 5-27-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23d LOCATION 23e BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) COUNTY 29,1986 Resurrection Cemetery Buria Clinton. George's 07/84 tery | Clinton, Pr. George's,

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Maryland 25M 24 FUNERAL DIRECTS 16000 Annapolis Road Bride St. **DHMH - 17** Funeral Home (VR A15 ME (5)) Bowie, MD 20715-3043

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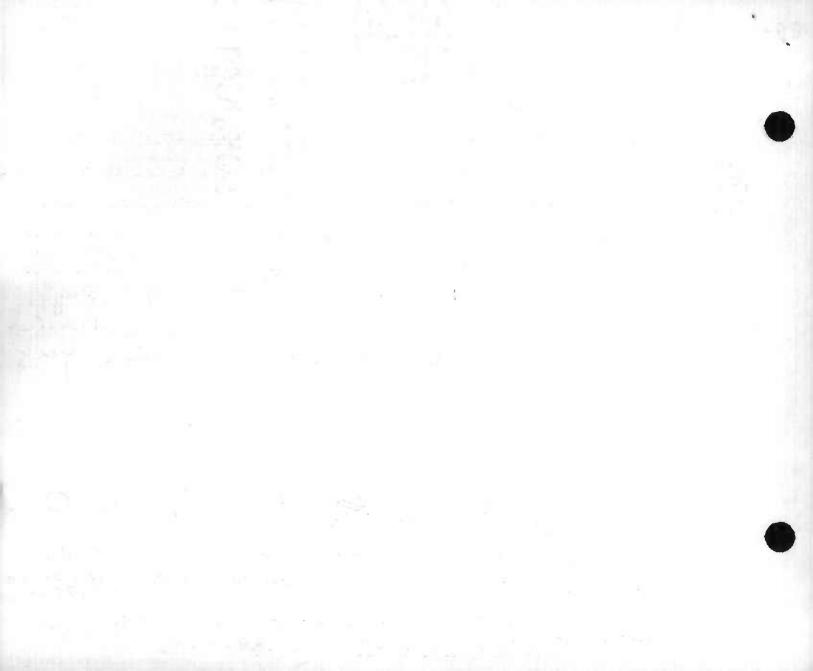
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r deoth		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
		LESTE	e ERNEST SAUNDERS MAY 30	1986 10 M
	3. SE		MONTH DAY YEAR	DER LYEAR IF UNDER 24 HRS
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2//	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) IN	Ib. KIND OF BUSINESS OR
20	4	Nham	MAGNOLIA GARDENS NURSING HOME EleVATUR OPERATUR	HOTEL
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dico /		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES)	side Ave.
E		No	579-22-3413 Walter W. Saunders Frederick	sburg, Va.
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notion			DUE TO, OR AS A CONSEQUENCE OF	24
		Conditions, if ony, which gove rise to immediate	(16) MYOCARDIAL INFORCTION	ahr.
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E			ital) attended the deceased from 184 2 19,86 to may 30 19	86_, that (I) (we) lost
21 is		sow the deceased almos	on 1 29 ond that in (my) (our) opinion death occurred on the date and hour and	
6		22b. SIGNATURE		22c. DATE SIGNED
=	155	00-1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	MAY 30 1886
IMPORTAN		220 HYSICIAN'S NAME LIVE	22e ADDRESS	אווין שלין וויסו
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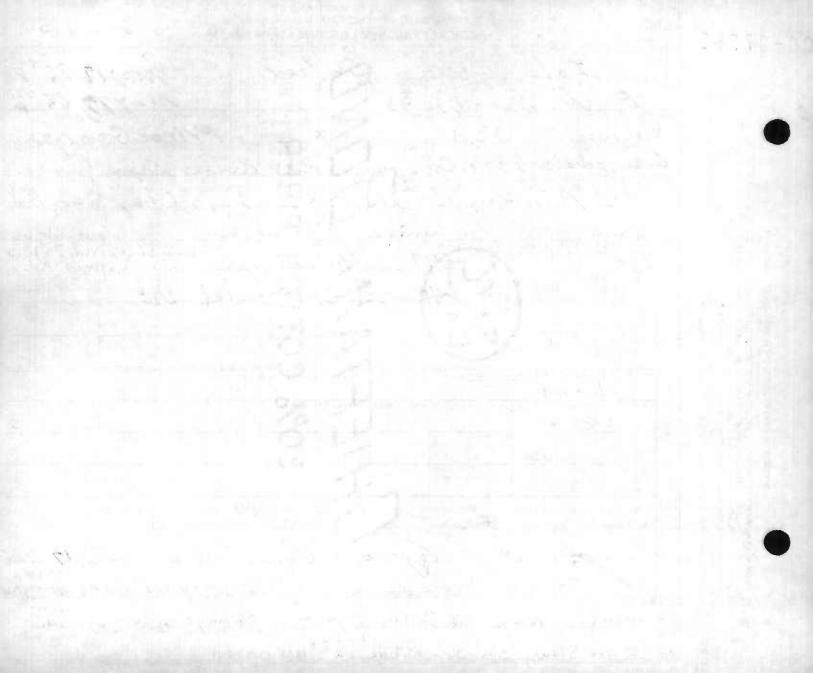
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4	14. FA	THER'S NAME FIRST	MI	IDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE		LAS	ī
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IMPORTANT: IF	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23¢ N	IAME OF C	7500 CREG	23d LOC			Za	77-
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		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 5
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5	E 2 2 3 8	1	120 (18 Yes, Give war or dates) 579-22-030 Robert Madres 22/0 Chann	a, 20100
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	WORD WORD WINTON	- 1	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	YES LI NO
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- 104				
	MAN WHA		22a Certify that I took charge at the remains described above, held an Autapsy . Inspection Inquiry . ond in my opinion	
	EXAMIN CERTIFIC JID BE F DIRECTO WITH TH		death resulted fram: Natural causes Accident Suicide , Hamicide , Undetermined monner ,	
	AR VIEW		Tiftle (SPECIFY)	
	A SOCIAL		ACTUAL DATE MS	1. 10 19P1
	SESENT	1	M.D. MEDICAL EXAMINER SIGNED	100
	95.450%		EXAMINETS NAME JOHN S. ROGERS ADDRESS 1919 SemiNan/ Rd. Silver	20410
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALL MORE, MARYLAND, 2			- John way my
100		23a.B	BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY	STATE
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of the hospital of chemony physical	UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director	d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 🏲 nd 2 should be filed within 72 hours of	the State Dept of Heolth and Mental Hygiene prior to buriol, cremation, or removal.

Cliro Rown of Death		REGISTRAR		CERTII	ICAIL OI D	LAIN	REG. N	10.		
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224. PHYSICIAN'S NAME (IVPE OR PRINT) Dr. William K. Furst 226. ADDRESS 11701 Livingston Rd. Ft. Washington, Md. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. COUNTY STATE			,		DEGREE				22c. DATE	SIGNED
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(SPECIFY) CITY OR TOWN COUNTY STATE		Dr. William K.	. Furst		11701	Living	ston Rd. F	t. Wash	ingto	n, Md.
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G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

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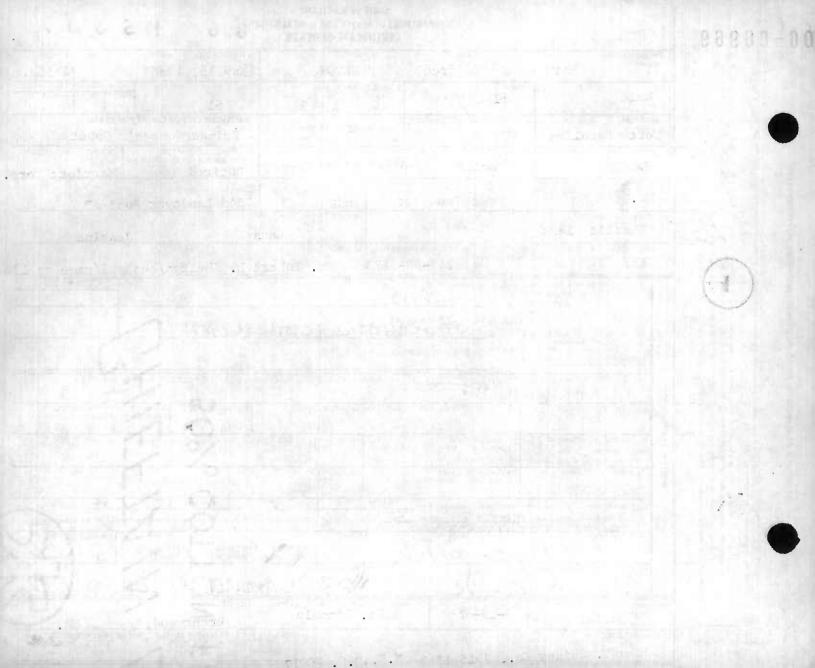
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U -	06969	1 050	REGISTRAR EASED NAME	FIRST		IDDLE		ST.	DEATH	REG 20. DATE OF DEATH	NO.	DAY YEAR	12b HOUR
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	se 4 may be start, page 3 ster death	3. SE)	Male		4 RACE Black	k	S. DATE O	F BIRTH	34	6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
0	death. Pag	70. BI	Orth Caro	r FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI		MARRIED	9. BALTIMORE CIT Prince	George'		ty, MD.
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MARYLAND 2120	24 havr		L RESIDENCE (IF NU TAJE 1d.	13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Landove	N I	13d. INSIDE (CITY LIMITS?	13e. STREET ADDRES		20	784
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BALTIMORE, A	control		AS DECEASED EVE		RMED FORCES?	16b. SOCIAL SECU 245–48		17. INFORM.	ANT		DRESS	Section 201	•
			18 CAUSE OF DEA PART I. DEATH	WAS CAUS	nly ane cause per ED BY: (TE CAUSE (a)	line far (a), (b), and	d (c).)						MATE INTERVAL ONSET AND DEATH
W. PRESTON ST.,	at the death cert by the attendi se remave cort cremation, at other traumate.		Conditions, if ar gave rise to it cause (a), sto underlying cau	ny, which mmediate ting the	DUE TO, OR	AS A CONSEQUE		ne	cm	CINOME			
DIVISION OF VITAL RECORDS, 201	requires the signed later plea	NOIL	non	ORP	AILM	G				INAL DISEASE OR C	- 12		No. of Line
AL REC	The law cian. e has be sit permi giene pri	CERTIFICATION	19a DATE OF OPER			TION FOR WHICH	OPERATIO			200 AUTOPSY?	IN CERTIF	S, WERE FINDITYING CAUSES	
1 OF VIT	SICIAN: 19 physic certification in certi	_	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR			ED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART I OR PART 2)	
IVISION	attendir ter this so the bu h and M	MEDICAL	21d. INJURY OCCU	WHILE O	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCAT	ION it	CITY O	RTOWN	COUNTY	STATE
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	AL OR A r the has AL DIREC detached ate Dept. II: If them		22b. SIGNALUIL	10/1	Nea	Rim	0		ATTENDING PHYSICIAN	MEDICAL SI	TAFF SICIAN []	22c. DATE	SIGNED 5-86
	O HOSPITAL etained by it TO FUNERAL should be det with the State MAPORTANT:		22d PHYSICIAN'S	NAME (TYPE	or PRINT) Mea	de		650		munn	no ci	4DOM	dmy
4	₽₽ ₽₩ \$ *		urial, cremation specify) Buria]		236 DATE 5-19-	-86		Linc	CREMATORY 01n	23d LOCATION CITY OR TOWN Brent		COUNTY	STATE Md .
)	DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FL	John T. I	Rhines	Co30	ADDRESS	N.E.	D.C.	250 DATE	REC'D BY REGISTE	AR 256 REGIST		



7744	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6	15308
oge 3 deo†h		CEASED NAME FIRST MARY	MIDDLE E.	SHEPHERD	26 DATE OF DEATH MON	5-09-86 25 HOUR 12:00F
tar. page ofter deal	3 SE	x Female	4. RACE Black	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
n 72 hours		IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT U.S.A.	NOV. 8,1902 RY? 8 MARRIED TO NEVER MARRIED TO DIVORCED TO	9 BALTIMORE CITY OF C	
motified a		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKET	12b. KIND OF BUSINESS OR
tilled in pauld be f	USU 130	AL RESIDENCE (IF NURSING HOME COL STATE 136 COL Md.	or other institution, give residence bi UNTY 13c. CITY OR T G. DE ANWOO	d. Park yes x NO	130 STREET ADDRESS / ZI 4607 Zion	
examine	14. F	ATHER'S NAME FIRST John	MIDDLE LAST Adai	r Lula	AME	Rice LAST
medicol		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)		es-Same as	# 13 above
oos been signed by commit Then pleas and prior to burial, ws any injury, or a	CERTIFICATION	PART 2 OTHER SIGNIFICANT SPRIGHT	H CUA WITH	TO DEATH BUT NOT RELATED TO THE TER COFF AS MANAGEMENT OF THE TER ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
ental Hygier		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN	YES NO
is morked or	MEDICAL	saw the deceased alive a	pital) attended the deceased from	70//////	city or town	. 19 . that (I) (we) lost
ed to		obove, (1) (we) (did) (did r	not) view the body of to death	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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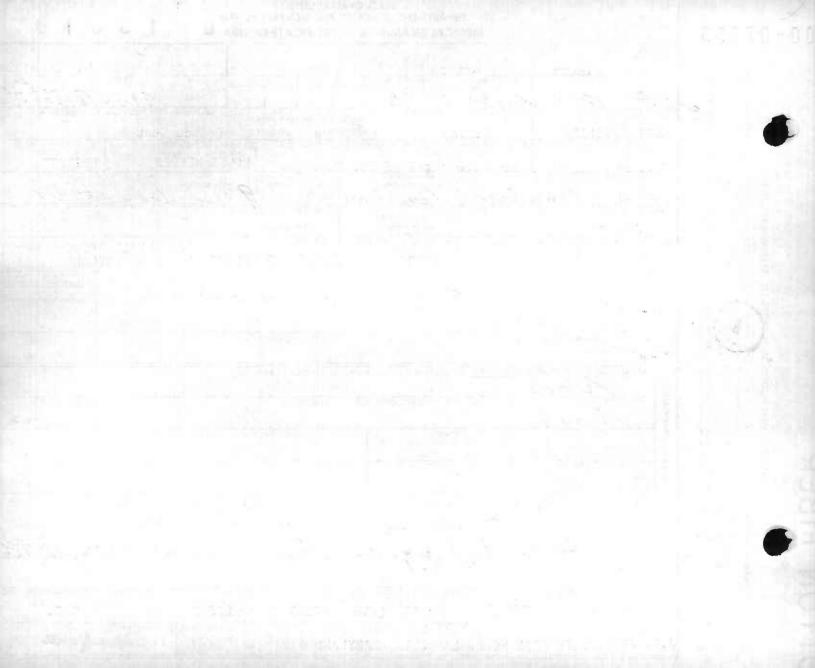
STATE OF MARYLAND

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6	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
0-07855	1- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR	
0 01033	1 DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN NAMONTH DAY YEAR , 26 HC	UR
阿可可坚抗	Elnora Britt Simmons OF ESTI- DEATH MATED May 18 19 86 8:3	22
TREE CHE	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HG	
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NA NA NA NA NA NA NA NA NA NA NA NA NA N	NORTH CAROLINA U.S.A. WIDOWED DIVORCED Prince Georges	MD.
THE STATE	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS	
BOAT OF	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lanham Doctors, Hospital of Pr. Geo. Co. FOR MOST OF WORKING LIFE) OR INDUSTRY PRIVATE	
SENSON	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 4134. IHSIDE CITY LIMITS? 13. STREET ADDRESS	
A SAME	Mx Riner George Carham YEST NO FILL GY2to DV.	
MD # 22 8 7 / /	14 FATHER'S NAME FIRST MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	_
A SECTION	JOHNNY BRITT UNKNOWN	
N SE CON	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT 9412 WYALL DRIVE	
MALT PAGEN	NO UNKNOWN KATHERINE HOLMES, LANHAM, MARYLAND	
T NEW TO	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVA BETWEEN ONSET AND DE.	ATH
A PERSONAL PARTY NA	IMMEDIATE CAUSE (0) ACADE MY a Cres des	
ZZZZZZ	DUE TO, OR AS A CONSEQUENCE OF	
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AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO. 196. EXTERNAL CAUSE WAS 216. TIME OF INJURY NO. 196. AM ADDITION OF WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY NO. 197. AM ADDITION OF WHICH OPERATION WAS PERFORMED?	
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WAR WAR	AT WORK AT WORK STREET STREET CITY OR TOWN COUNTY STA	
ATE ORL	220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my apinion	
ME WOLLS	death resulted from: Natural couses Accident , Suicide , Homicide Undetermined monner ,	
WIT WITH	TITLE (SPECIFY)	
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584544	236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE	=
BP	BURIAL 5/30/86 PINEY GROVE BAPTIST CH HALAFAX N.C.	
DHMH -)7	J.B. JENKINS FUNERAL HOME, LANDOVER, MARYLAND 1254 DATE, REC'D. BY REGISTRAR'S SIGNATURE ADDRESS MARYLAND	
(VR A15 ME (5))	J.B. JENKINS FUNERAL HOME, LANDOVER, MARYLAND WAY 28 1986	
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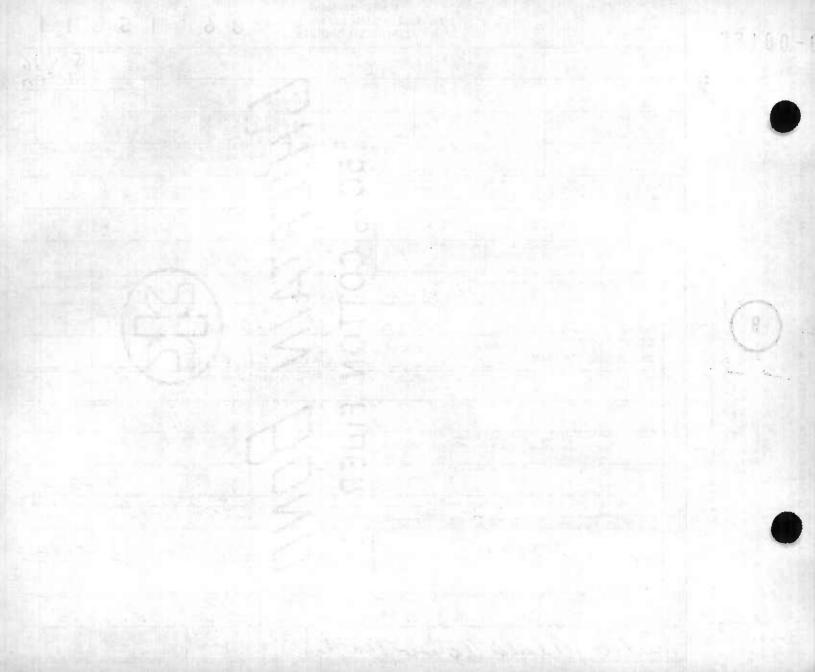


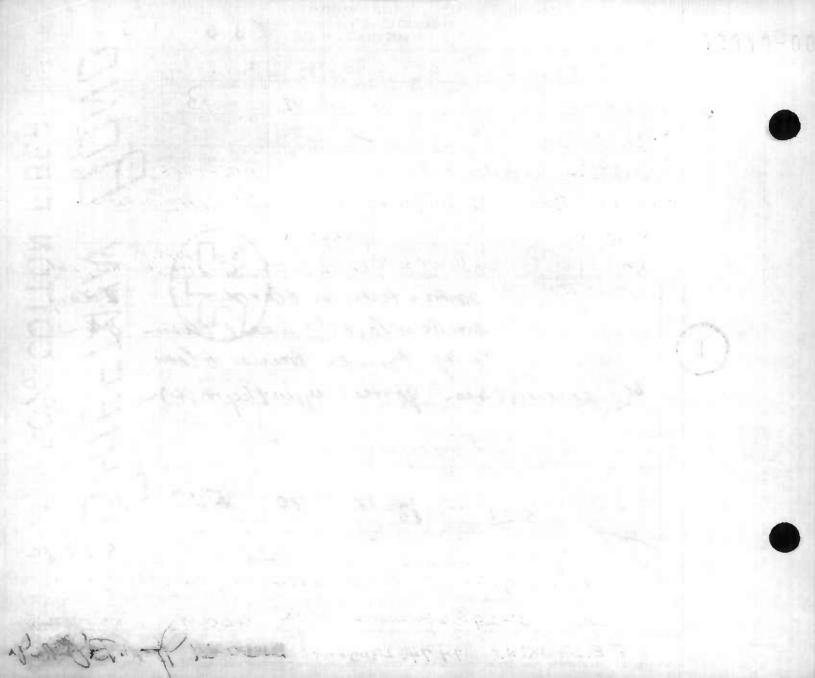
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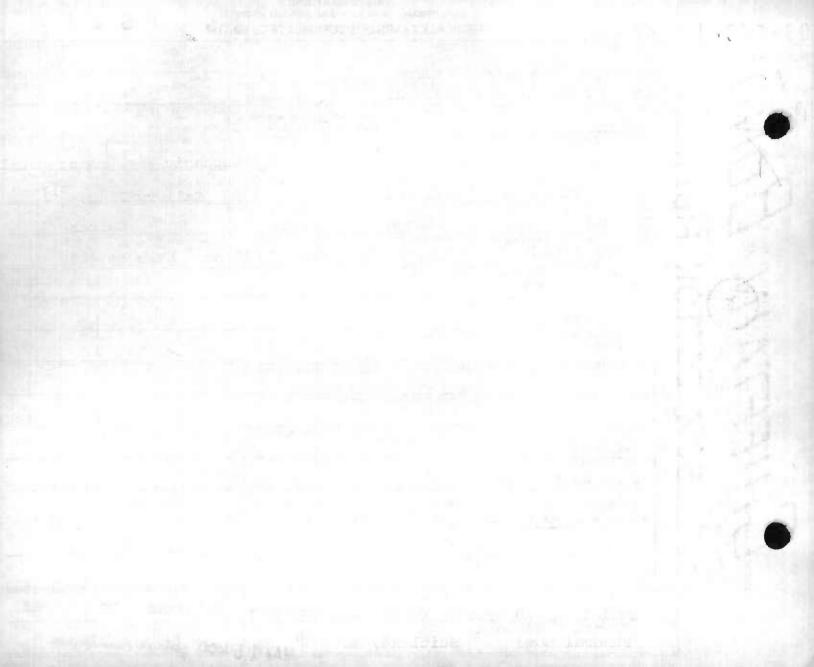
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

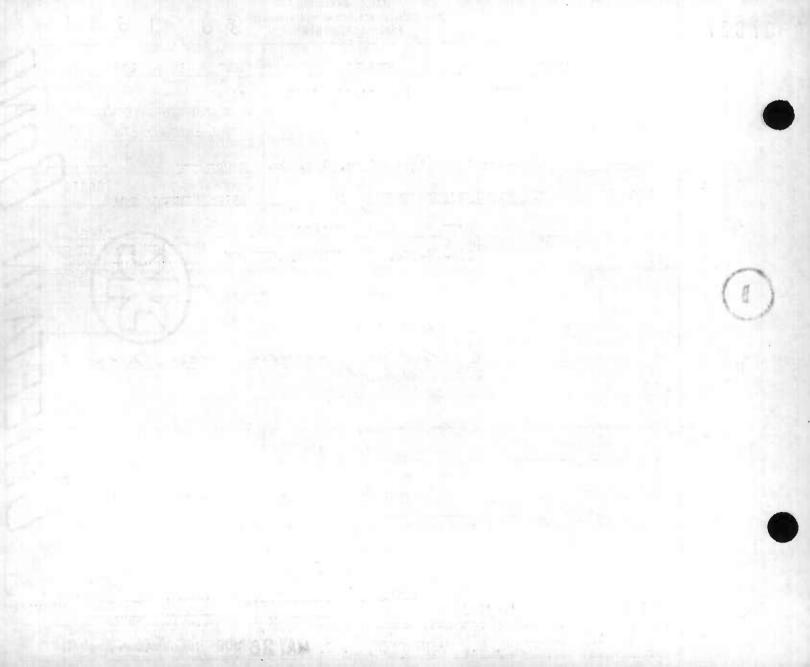




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATIF REGISTRAR 1. DECEASED NAME 20. DATE KNOWN DAY LTYPE OR PRINT! OF ESTI-U ERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS Richard DEATH MATED Sisson 5/ 5/ 19 86 4 RACE 5. DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR. 3 SEX TIE UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED Male White 9 1962 Sept 23 YRS DEAD 19 86 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland USA DIVORCED WIDOWED [Prince George's County IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Cheverly Prince George's General Hospital Mechanic sheet metal ISUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21201 13e STATE 131 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY FIMILS? 13e STREET ADDRESS Maryland Charles Waldorf 3004 Gallery Place NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Richard Sisson Doris Salter 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-78-1754 Tina M Sisson as #13 Same 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Craniocerebral Trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL
HEALTH AND ME
AL. CREMATION. lying cause lost PART 2 OTHER SIGNIFICAN) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION **USED AS** 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKLAND, 21201 PRIQR TO BURIAL, YES V NOT 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LORDARY 21 HOUR A.M. MONTH DAY YEAR UNDERLYING NOR motorcyclist/auto collision CONTRIBUTING CAUSE OF DEATH 6 308 5/ 5/ 1986 21e PLACE OF INJURY LATHOME AT WORK AT MANUE STREET, FACTORY, FARM, ETC. roadway & Steuben Ave., Oxon Hill, Pr.Geo.Md 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident X death resulted fram: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 5/6/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATOR 23d LOCATION STAMd Suitland Cedar Hill Cemetery 10May1986 Burial 07/B4 24 FUNERAL ROSSETT E Wilhelm BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Davidson Bandate Funeral Home Suitland, Md (VR A15 ME (5))



627	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	BIENE 8 6	15314
m.e	I. DECEASED NAME FIR	ST MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
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should be d	22d PHYSICAMSNAME	R. Vaucion		1. Ave. #10	8 Upper Mar.
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16 60M 7/84		IN HEBREW MEMORIA TREET, N. W., WASH	L FUNERAL HOME TO DATA	26 1960 Julia D	EGISTKAR'S SIGNATURE



					STATE OF MARYLAND		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO 578-12-4935 17. INFORMANT (Daughter) Patricia A. Perkins Arnold, Maryland 21012											1
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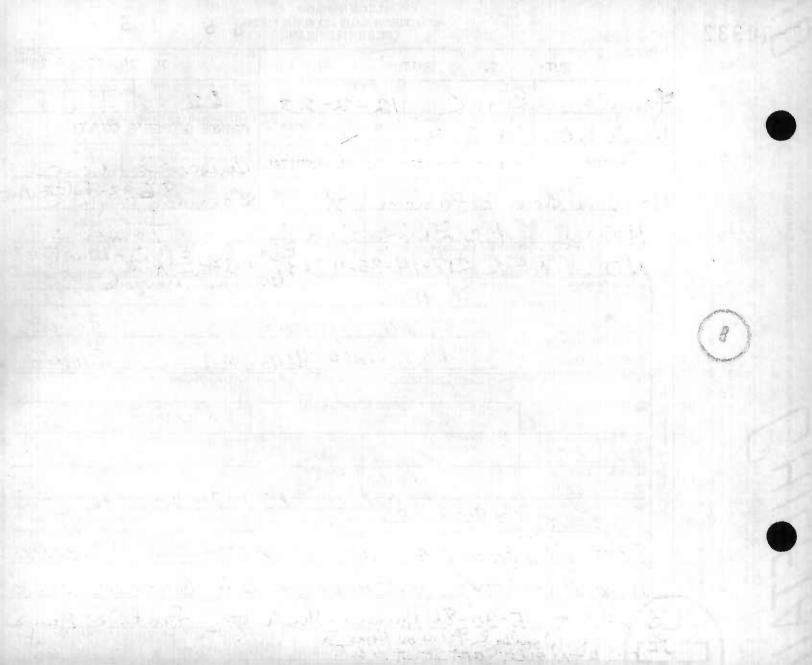
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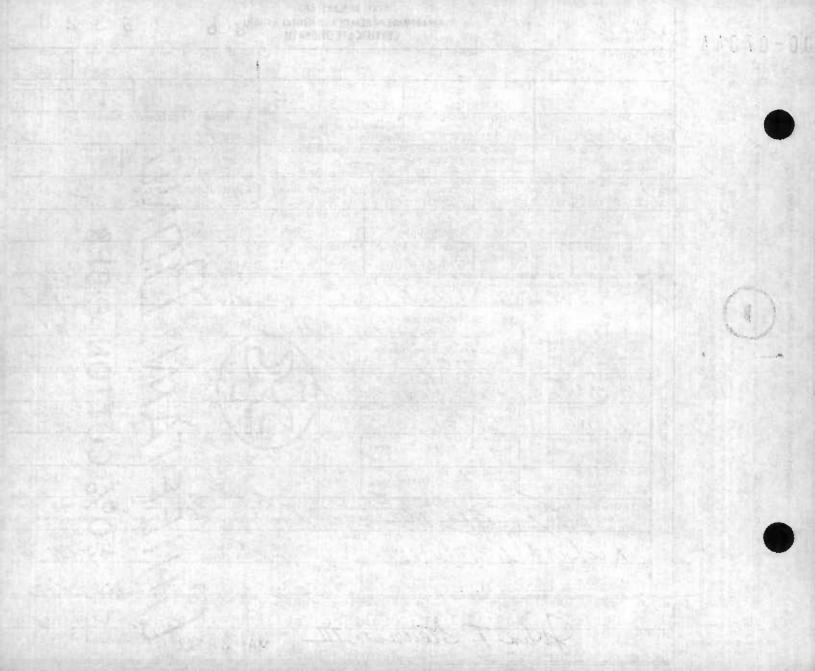
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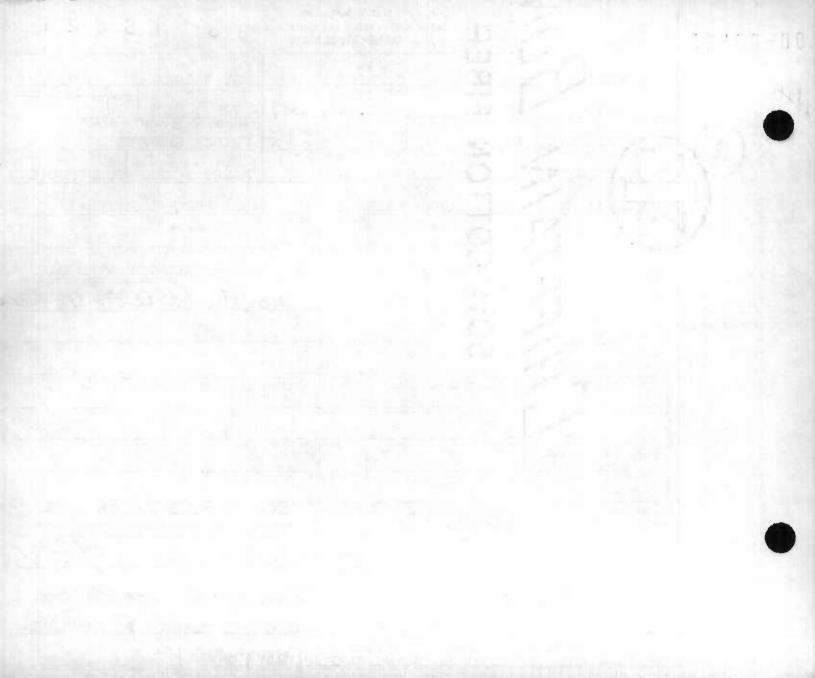
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be to 3	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) RUTH C.	SMITH 20. C	DATE OF DEATH MONTH DAY YEAR 6 20 F	PM
oge 4 may be rector, page 3 urs ofter death	Female Black	12-2-2 YEAR	6 2 YRS	AIN.
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	27s.1 certify that (i) this hospitaling that ded the decease saw the deceased object on a solution of the kinds after dea	19 20 and that in my our) opinion death	to, 19, that (I) (Ne) occurred on the date and hour and from the causes stated	
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HOSI Funed Sould b	THOMAS A. BENSWOOD	7525 Greenway CTR	Dr. Growbellino 207	70
ρ ễ Ω ở š š / BP	30 BURIAL, CREMATION, REMOVAL 236. DATE 5-30-8		Be LOCATION COUNTY STATE	
DHMH - 16 50M 4/82 (VRA 15, 4)	FUNERAL DIRECTOR + Woodfast + Lu		3 1986	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTI 86 SAMUET SMITH IF UNDER I YEAR AGE IN YEARS LAST BIRTHDAY 3 SEX 4. RACE 5 DATE OF BIRTH MONTH YEAR Male Black March 25 1917 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States IDOWED District of Columbia DIVORCED T PRINCE GEORGES COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CLINION SOUTHERN MARYLAND HOSPITAL CENTER Retired USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
137. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? District of Columbia Washington #66. 58th Street S.E. YES X NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE W. Smith Olive V. Syphax James 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIF YES, GIVE WAR OR DATEST 578-18-7791 Yes Precious M. Smith, wife, #66, 58th St., S.E. 18 CAUSE OF DEATH (Enter only one cause per line for (ala(b), and ac). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID PRESTON Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) WHILE AL WORK NOT WHILE 22a I certify that (1) (this bospital) attended the degeosed from saw the deceased alive and and that in (my) (901) apinian death accurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SKINATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) Richard a Farson, M.D. Indian Head Hwy, Ft Washington 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Buria Ouantico Nat'l Ouantico. 74 FUPVERAL DIRECTOR DHMH - 10.00M 7/84 (VRA 15, 4) 4001 Benning Rd.NE Stewart Funeral Home





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BP

(VRA 15, 4)

- STATE

REGISTRAR

3912 Lakeside Court Dunkirk. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL Burial Maryland Veterans Cem. Cheltenham 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 6160 Oxon Hill Rd. والالعالية والما DHMH - 16 60M 7/84 George P. Kalas Funeral Home Oxon Hill, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTH

IF UNDER 1 YEAR

INDUSTRY

N/A

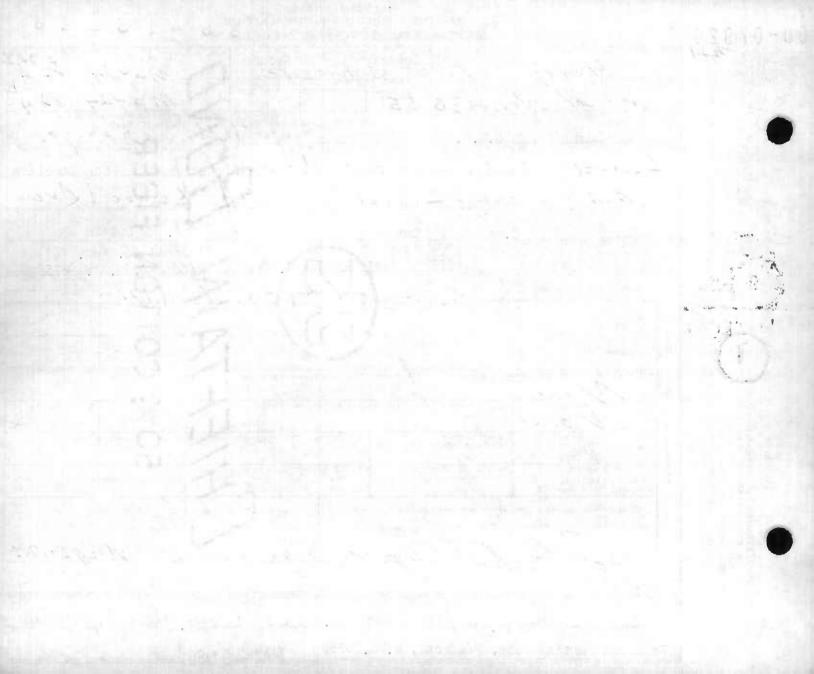
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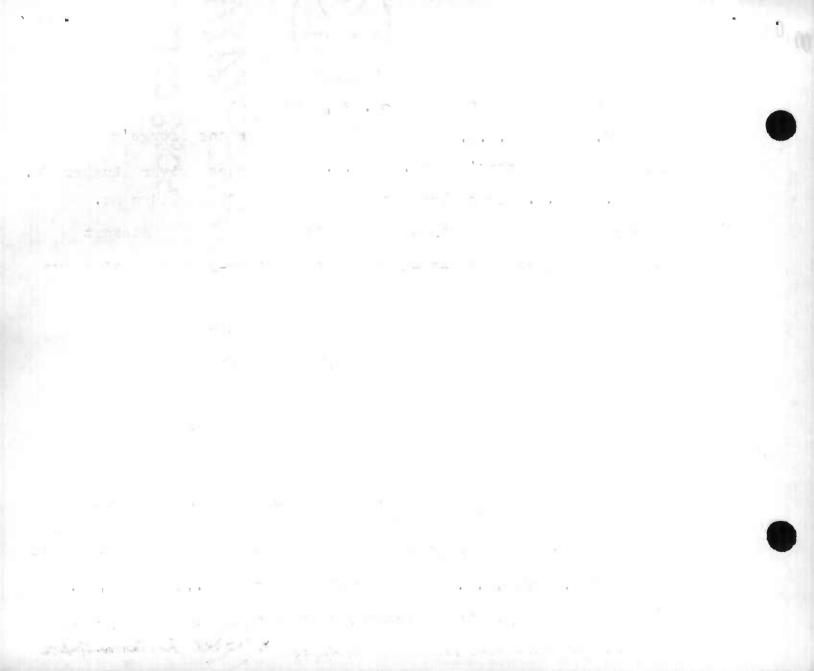
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINTI Harry Robert Smouse OF ESTI-DEATH MATE obert na 641.50 IF UNDER 1 YR DATE PRONOUNCED DEAD IN BIRTHPLACE 9 BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) Maruland WIDOWED DIVORCED 120 USUAL OCCUPATION LTYPE OF WORK Maborer Construction 30 STATE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Ethel Lutman Smouse Harry 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 51 Janes St. Apt. 404 I HE YES GIVE WAR OR DATEST 215 26 7151 Korean Piedmant, W. Va. 26750 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME 21f LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram-Natural causes Accident. Hamicide Undetermined manner EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALLTHORE, MARYL TITLE (SPECIFY) MEDICAL EXAMINER SNAME ADDRESS 230 BURIAL CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Rest Lawn Mem. Gardens Burial Allegany, Maryland 07/84 BP. Valo 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE **DHMH - 17** Fredlock Funeral Home, Piedmont, W. Va. 26750 (VR A15 ME (5)) Jana Darner Bondo



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June	7d. BI	RTHPLACE (STATE OR FORE	IGN 76. CIT	IZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY		EATH
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1		VAS DECEASED EVER IN L	U.S. ARMED F	ORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDR		
/	Y		WW II	578-	20-3733	Carrie Sp.	riggs-Same	as # 1	3 above
		18. CAUSE OF DEATH (E	nter only one CAUSED BY:						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STATE OF MARYLAND FOR PTMFNT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO Pauline I. DECEASED NAME 20 DATE KNOWN Rose Stafurik TYPE OR PRINTS ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) HOURS PRONOUNCED DEAD b. CITIZEN OF WHAT COUNTRY M BIRTHPLACE 9 BALTIMORE CIT MARRIED POLEVER MARRIED Pennsylvania USA WIDOWED DIVORCED PAGE 5 E FILED, IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Contract Administrator US Gov 1 HER INSTITUTION, GIVE RESIDENCE BEFORE AD 30. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES PO OWI NO . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1 AND I MIDDLE LAST Paul Yakubec Pokorny Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRES 4203 Yarnell Ct. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 114-07-2561 John F. Stafurik Bowie, Maryland no 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. CREMATION, AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USED ITHE STATE DEPARTMENT OF H AND, 21201 PROR TO BURAL THE C. YES [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OF TOWN COUNTY STATE AT WORK AT WORK ULD BE FOR L DIRECTOR: 1, WITH THE S 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry ond in my apinion Natural causes Hamicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL DAFTER DEATH, BALTIMORE, M. ACTUAL SIGNATURE MEDICAL EXAMINER XAMINERS NAME John DYPE ON PRINT ADDRESS 1919 Seminary Road Sil.Spr. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Transit-Burial 1986 St. Cyril & Methodius May 12. Nesquehoning, Schukyll 07/84 BP. 25M 24 FUNERAL DIRECTOR 16000 Annapolis Road **DHMH - 17** Bowie, Maryland Funeral Home (VR A1S ME (S))

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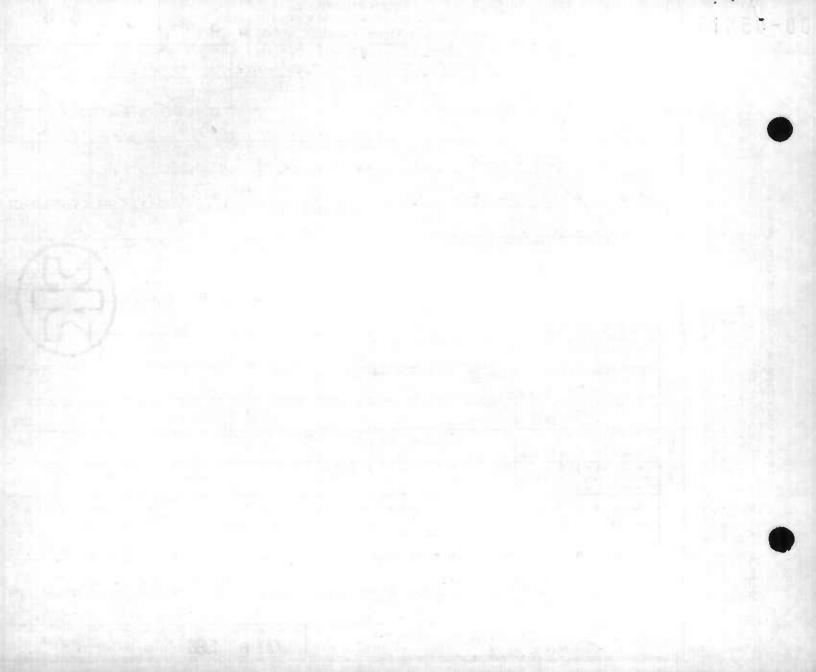
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一 日本の主持がた	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY?	NEVER MARRIED XX 9. B.	ALTIMORE CITY OR COUN	NTY OF DEATH
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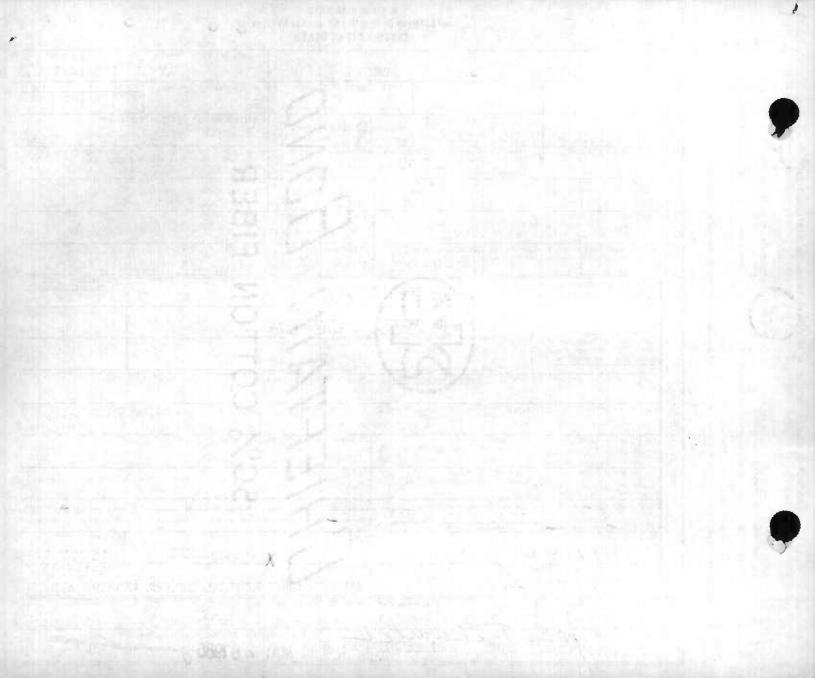
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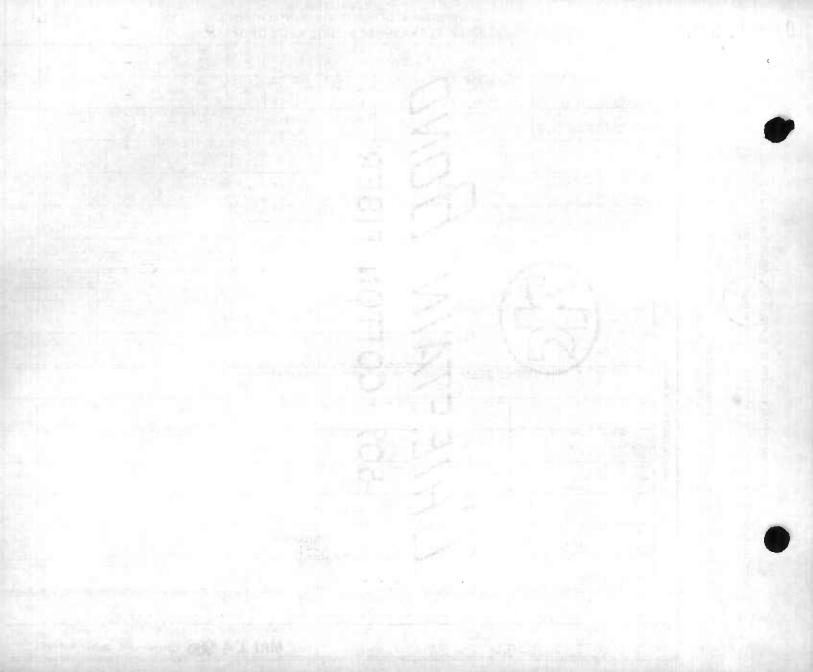
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME DATE KNOWN THE OR PRINT OF ESTI-IF UNDER 24 HRS DATE PRONOUNCED DEAD PAUTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Richmond, Va. USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 26 KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Statler Hotel Statler Hotel Da. STAT 113e STREET ADDRESS 1136 COUNT 13d. INSIDE CITY LIMITS? Md. Temple Hill 3309 27th Avenue YES EX NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Lewis Elizabeth Lewis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-20-1226A Mrs. Mary A. Stevenson/daughter/same as 18. CAUSE OF DEATH (Enter only one cause per ne far (a), (b), and (c).) e aprilivasias PART I DEATH WAS CAUSED BY DUE TO, OR AS A COMSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram Natural causes Accident Hamicide Undetermined manner 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 5-17-86 Ft. Lincoln Brentwood, 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. DHMH - 17 Jöhn T. Rhines Co., 3015 12th St. N.E., D.C. 2001 MA (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔅 FOR 00-0784 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) CHARLES TAYLOR 1986 E. MAY 15 4:12A 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR IF UNDER 24 HRS 1930 Male Negro March 56 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY George Prince West Virginia United States WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Camp Springs Malcolm Grow Air Force Base Security Guard OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE District of Columbia 155 Todd Place. Washington YES TX NO F N.E 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Walker McKinley Taylor Georgianna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hazel Taylor, wife, 155 Todd Place, N.E. 232-38-2255 Yes 18 CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY: RESPIRATORY ARREST -IMMEDIATE CAUSE EMBOLISM_ DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE MAY 1986 86 15 MAY 22a | certify that (this hospital) attended the deceased from. sow the deceased alive on 15 MAY above with (we) (did) (did view the bady after death 86 ond that in (and laur) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 15 MAY 1986 PHYSICIAN N DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME THE GENERAL 22e ADDRESS 20331-5300 MICHAEL P MCGRAIL, MALCOLM GROW MEDICAL CENTER ANDREWS AFB MD 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY COUNTY BP. Arlington. Arlington National Burial Virginia 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH - 16 80M 7/84 4001 BENNING RD NE WASH DC was waydoon-1 TINERAL (VRA 15, 4)



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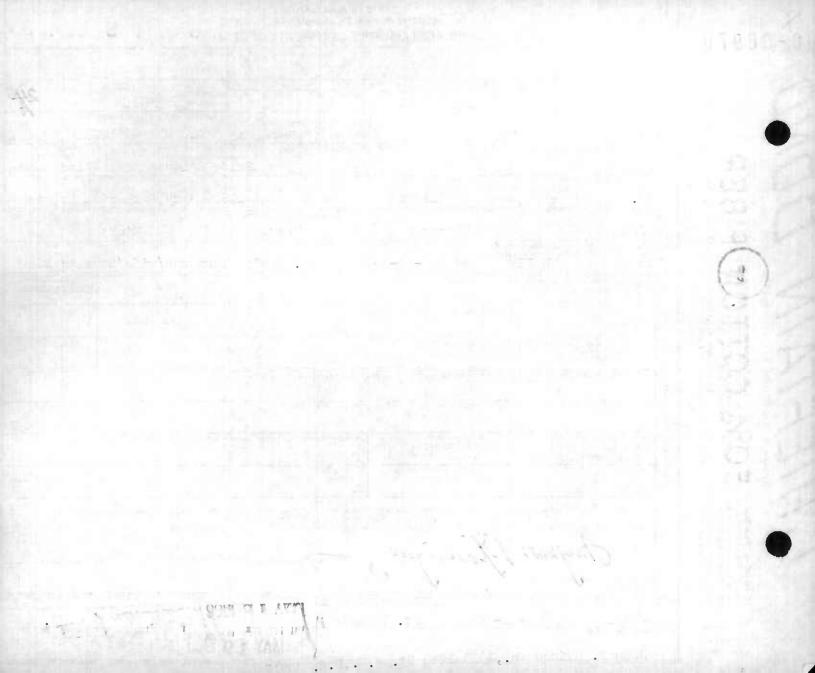
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	5 5 5 5 3 5		CREMATION,	REMOVAL	23b. DATE		231 NAME OF	CEMETERY OR CRE	MATORY	23d LOCA	TION		COUNTY	STATE
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D	HMH - 16 60M 7/84	FRANC	CSE GAS C	H'S S	ONS FUI	NERAL H			250 DATE		EDISHARD	B GISTE	ARE HAME	man-Nashra
	(VRA 15, 4)	4739 H	Baltimo	ore Av	e., Hya	attsvil	le, Mar	yland			-	V		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0-08908 MEDICAL EXAMINER'S CERTIFICATE OF DEPTH REGISTRAR DECEASED NAME 20. DATE KNOWN Edward ESTIhomas DEATH MATED & AGE IN YEARS IF UNDER 24 HRS DATE RONOUNCED -10-1905 DEAD ZOPBIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) NEVER MARRIED Kentucky DIVORCED Prince George ID CITY OR TOWN OF DEATH 11_NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Clerk Clerk OR INDUSTRY Cheverly Maryland 13e STREET ADDRESS Capitol Hgts NO K 412 St. Margaret 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Robert Thomas Sarah Dickerson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO T. PAGES 1 DIVISION **ADDRESS** 577-50-9181 Thomas No 18 CAUSE OF DEATH (Enter only one couse per lift for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO, OR AS A CONSEQUENCE OF Conditions, il any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? IE, WRITING THE WORD RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT OF YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY JATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK WHILE CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STANDARD, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Natural couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy DATE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct . Temple Hills Md 230.BURIAL, CREMATION, REMOVAL 236 DATE "Clinton, Maryland STATE Resummection Cemeterv Burial 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Benning (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a. DATE OF DEATH MONTH FIRST 2b. HOUR 05 05. ame: PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH YEAR 62 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | Virginia B. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (en/ca Unknown Cah Driver USUAL RESIDENCE (IF NURSING HOME OF OTHERMASTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. 9211 Steuart Clinton YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Archie Thomas Mary Mines 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! No 579-03-3253 Ms. Lou Thomas/daughter/653 Hamilton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS ACONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 II. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREE! CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinion death occurred anothe date and hour and from the couses stated saw the deceased alive on above, (I) (we) folial (did not) view the body after death. 22b. SIGNATUE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (INFORMING) 22e ADDRESS 081 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE CITY OR TOWN Buria1 5-11-86 BP. Family Dawn 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 John T. Rhines Co., 3015 12th St. N.E., D.C. 2001 (VRA 15, 4)

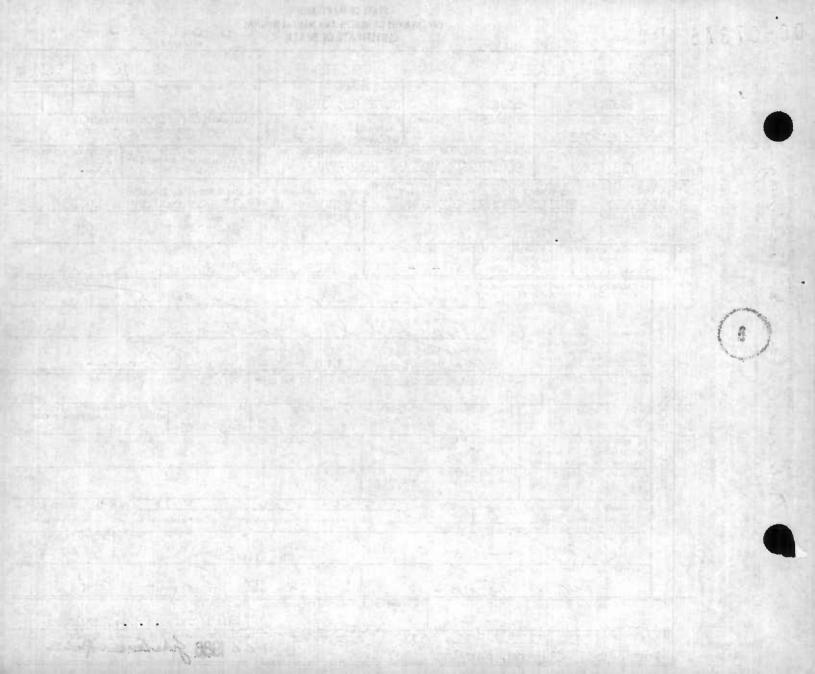
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTS CHARLES THOMPSON 86 DEATH MATED 19 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 66 DEAD 8-18-19 10 86 male black 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia PRINCE GEORGES USA DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Self Employed CLINTON Glass CATHERINE DRIVE MARY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 11605 Mary Catherine Drive Md. Clinton YES X NO [4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME John Thompson Wicks Pearl 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 236-09-0304 WW TT Mrs. Louise Thompson/wife/same as 13e Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIABETIC ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DED TO THE CHILLS SHOULD BE UF EDEPARTMENT OF THE DEPARTMENT OF THE CHILLS SHOULD BE UF THE TO BUR 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMQRE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Y and in my apinian Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 5-15-86 MEDICAL EXAMINER AUGUSTO RODRIGUEZ RAYBURN CT PR GEO MD TYPE OR PRINT ADDRESS 5009 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 5-21-86 Ft. Lincoln Brentwood, Md. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DHMH - 17 John T. Rhines Co., 3015 12th St. N.E., D.C. (VR A15 ME (5)) 20017



Transport Marian Samuel

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	BP	, <u>«</u>	- 1	URIAL, CREMATION, REMOVA SPECIFY) BURLAL	May 21.	1986 Was	shina	emetery or crematory	23d LOCATION CITY OF TOWN Suitland				
	DHMH - 16 60 (VRA 15,			NERAL DIRECTOR LEE F erry Road, Cli	UNERAL H	OME, 6633	01d 20735	Alexander	2 2 1986 g	25b. REGIS			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR PEG NO DECEASED NAME O DATE KNOWN / TYPE OR PRINT) ESTI-**JAMES** AL TON TURNER DEATH MATED \$ 5-24-86 10 4 RAGE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 31. 1910 Male Сан Mar DEAD 25-86 19 5.5MD BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Prince George's County DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK Brandywine 15100 Baden Nylor Rd. Engineer Electronics LISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSIONAL 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Brandywine 15100 Baden-Navlor Rd/ Geo. LAST 20613 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Anita Unknown -Unknown-7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 12006 Beltsville Dr (YES NO. OR UNKNOWN) Gloria J. Moss 220-07-9053 Beltsville, Md 2070 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO F 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 218 PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFFER DEATH, WITH THE STANDORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes X death resulted fram: Accident Undetermined manner TITLE (SPECIFY) DATE 5-26-86 Assistant MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Huntt Crematory 5/27/86 Cremation Waldorf, Charles. 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESP. D. BOX 156 DHMH - 17 Home (VR A15 ME (5)) Waldorf. Md. 2060

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of withing		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR		
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within within	14 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST		
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Of of Share	23a.	BURIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	MD 20783		
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DHMH - 16 50M 4/82			is J. Collins	Tr. 250 DA	TE REC'D. BY REGISTRAR 256. REGIS	IRAR'S SIGNATURE		
(VRA 15, 4)	50	O University B	lud. W. Silver	Spring. Md. JUN	2 1986 John De	Agon-Nation		

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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4		CEASED NAME DR PRINTS	MARY	I	IDDLE		TYLER	20. DATE OF DEATH 50NTH	29 86	12°.10pm
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO * CEASED NAME 20. DATE OF DEATH TYPE OR PRINT) (N.M.I.) URBANY Noralee 05-03-86 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS Female White April 14, 1964 22 TO BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S COUNTY U.S.A. Washington, D.C. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Kids "R" Us CHEVERLY Dept. Manager COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Riverdale 6359 64th. Ave. #B-3 20737 Maryland P.G. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE McGrain Arthur McKnew Margaret Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Same as 215-96-3881 Mr. Edward Urbany, III No# 13. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive obove (1)(we) (did) ((id nat) view the body after death , and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 221 DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT 220 ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION May 5,1986 Cedar Hill Cemetery Burial Suitland Maryland P.G. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Gasch's Sons F.H. P.A. Hyattsville, Maryland MA whe Deviden (VRA 15, 4)

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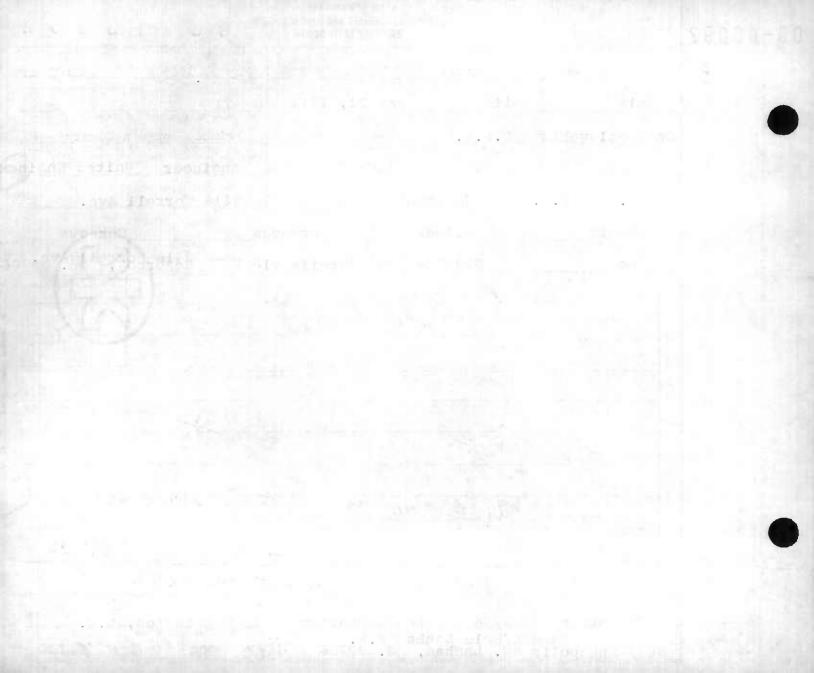
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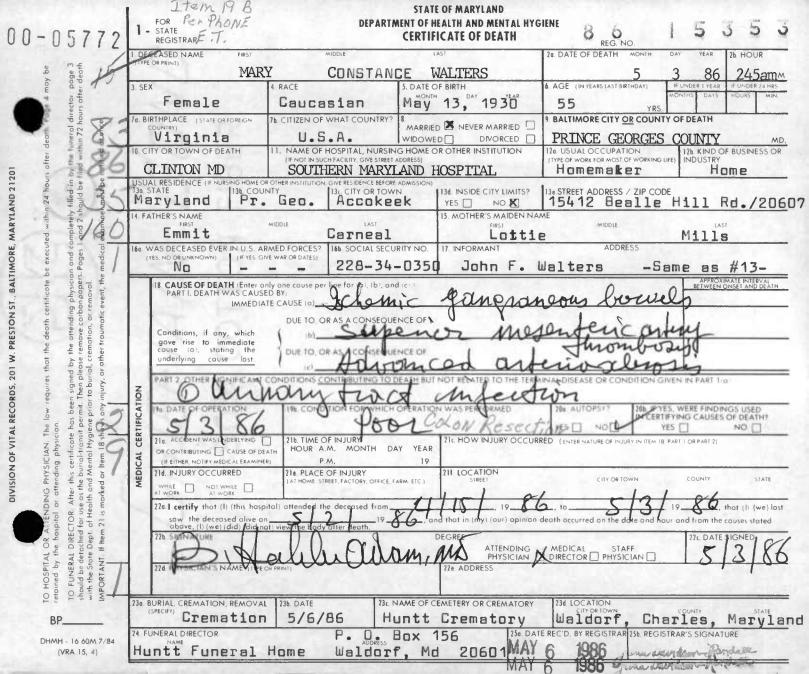
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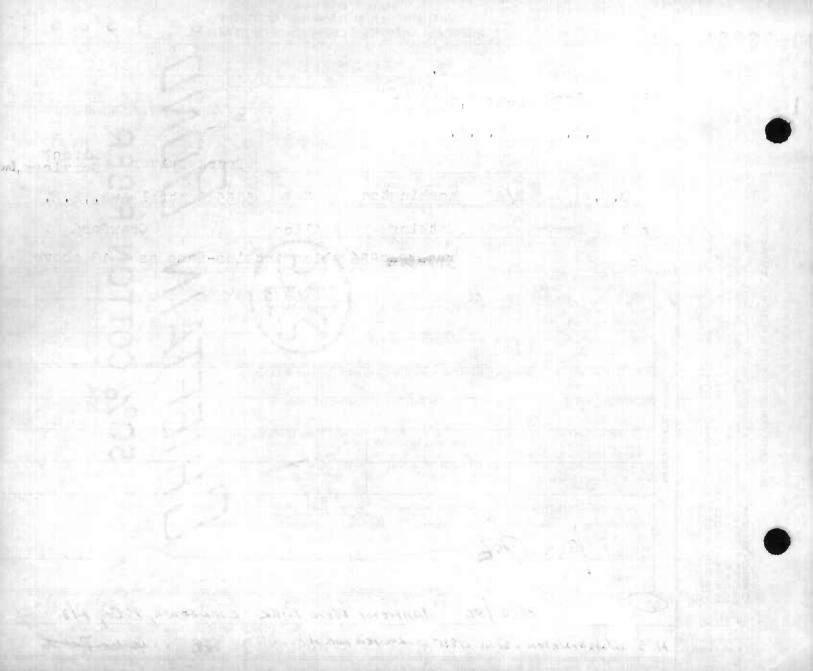
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE -06092 CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS dep Joseph Frank VLCEK May 3. 1986 2:00 AM SEX A. RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS HOURS May 31 1914 Male White YRS 70 BIRTHPLACE **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Prince George's County Czechoslovakia I CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION AMI/Doctors' Hospital of PG County Lanham United Engineer Enginæ WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. P.G. Seabrook 9416 Worrell YES X Ave 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE Alouis Vicek Frances Unknown **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Worrell Ave 223-50-7299 Jarmila Vlcek no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a)/(b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sylamach Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19n DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20m AUTOPSY à IN CERTIFYING CAUSES OF DEATH? per YES [NO [rith. 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY AT HOME, STREET FACTORY OFFICE FARM ETC.) STATE orked NOT WHILE 27a | certify that (1) (this hospital) of ended the deceased from sow the decesed alive an abave, (I) we) (did) (did nat) view the bady after death. and that in (my) (aur) apinian death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS nemula 23¢ NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE Cremation Lee Crematory Washington. 24 FUNERAL DIRECTOR Rendon/Hale Lanham F.H. DHMH - 16 60M 7/84 Annapolis Rd. Lanham, Md. 20706 (VRA 15, 4)





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MEDIC ECUTE CE 4 S FUNE TROPE		EXAMINER'S NAME AND	M. Dixon	, M.D.	ADDR	111 Pe	enn St., Balto	o., MD 21201
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	quires that the death certificate signed by the attending physic from please remove carbon page to burial, cremotion, or removal njury, or ather traumatic event.	No	Conditions, if ony, whice gove rise to immediat cause (a), stating the underlying cause los	DUE TO, O the (b) DUE TO, O DUE TO, O (c) (c)	OR AS A CONSEOU OR AS A CONSEOU	ENCY OF	in shock	Maneur Maneur MINAL DISEASE OR COM	yom	N IN PART 10	D	
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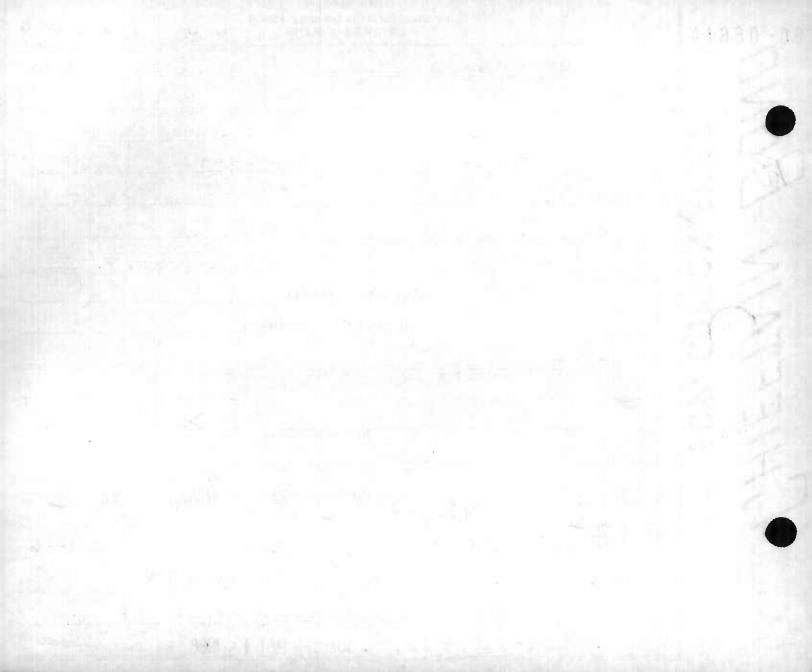
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 28 DATE KNOWN (TYPE OR PRINT) ESTI-HOURS STREET, DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER YYR IF UNDER 24 HRS DATE MONTH E LOYRS. PRONOUNCED 3 -00 DEAD IN BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT MARRIED TO NEVER MARRIED DIVORCED Pennsylvania Prince Georges Co. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Hospital of P.G. Co. House Wife Lanham Own Home USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSION 13g STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? P.G. Co. Md. College Park 8524 Potomac Rd. YEST /20740 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Vettle John Sarah Grav 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 206-30-8406 No None Same as # 13 Mr. Richard Weary 18 CAUSE OF DEATH (Enter only one cours per life for (o), (b), and (c). PART I DEATH WAS CAUSED BY: reselve - carditives cula discort IMMEDIATE CAUSE AND MENTAL HYGIE DUE TO OR AS A CONSEQUENCE C Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AGE 3 SHOULD BE USE ATE DEPARTMENT OF 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: Homicide Suicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALVMORE, M DATE Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct . Temple Hills, MD NA O 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 5/20/86 Burial Harmony Cemetery Milton Northumberland 07/84 BP 25M 24 FUNERAL DIRECTOR ADDRESS 5001 Cleveland we 250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** hambers co. Inc Riverdale Md. 20737 (VR A15 ME (5))

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	1			STATE OF MARYLAND		
06614	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 0	15358
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oy be	3. SE		4 RACE	WELLS Is date of birth	May 4, 1986	11:45am
offe A	3. 36	Female	White	MONTH DAY YEAR	6. AGE (INTERESTAST BIRTHDAT)	MONTHS DAYS HOURS MIN.
Surs	200			May 23, 1920	65 YRS	
12 4	l	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
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3		anham	AMI/Doctors H	IRSING HOME OR OTHER INSTITUTION IRRET ADDRESS) LOSPITAL OF PG County	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Bank Teller	Savings
5 8			OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		Loan Assoc
35		aryland Pr.	Geo's Upper	TOWN 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	
78		ATHER'S NAME	Marib	OLO IS MOTHER'S MAIDEN N	114701 Crescent	Dr1ve/20/12
160		George	A. Wvvil	1 Posteri	WIDOLE	LAST
0	16n \			L Beatri SECURITY NO. 17 INFORMANT		Wells
edic			GIVE WAR OR DATES)		14701 Crescent	Drive, Upper
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1		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for 101, (b SED BY	Da - a amlare Januar		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ato B		Conditions, if any, which gove rise to immediate	(b)	malignant lynupli	urg	
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0 0			(Ic)			
o bu	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	SIVEN IN PART 110
y in	CERTIFICATION	190 DATE OF OPERATION	10h CONDITION FOR WA	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
S o	FIC	DATE OF OFERATION	178 CONDITION ON	TICH OPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
gie.	E	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	121, HOW IN HIP OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IS	YES NO
entol Hygier		OR CONTRIBUTING CAUSE OF D		DAY YEAR	CENTER NATURE OF INJURY IN ITEM IS	8 PART I OR PART 2)
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5		AT WORK		WOT 89	MIII	-0/
i s		220.1 certify that (1) (this has saw the deceased alive a	IVIIII	om 19 0 and that in (mw) (our) agricular	death occurred on the date and hi	, 19, that (1) (we) lost
m 2		obove (Wee) Hid) (did n	not view the body often death.	, one met in the total opinion	T Geom occorred on the date and hi	
# # F		276 SIGNATIVE ALEXA	N 11100000	DEGREE	MEDICAL STAFF	22¢ DATE SIGNED
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IMPORTANT	15	Mirkin D. Welt	2 7525 Greenwi	ay CT R Concess	if MD 20770	9
3 8	73a	BURIAL CREMATION REMOVA		23¢ NAME OF CEMETERY OR CREMATORY	123d, LOCATION	
		Burial	5/7/86	Resurrection Cemete	CITY OR TOWN	COUNTY STATE
	_	JNERAL DIRECTOR	37.700		ry Clinton(Pr. G	istrar's signature
OM 7/84			an -Upper Marii			Javidson-Mandall
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05		REGISTRAR		ME	DICAL EXAM	NER'S C	ERTIFIC	ATE OF D	EATH	REG. N	10.)) ;	3 3
多		CEASED NAME	FIRST		WIDDLE	1	LAST		2a. DATE	KNOWN	MONTH	DAY YEA	R 2b. HOUR
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	3. SEX	4. RA		5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNI		F UNDER 24 HR			HTMOM	DAY YE	
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	10. CI	TY OR TOWN OF D	EATH	11. NAME OF HOS	PITAL, NURSING HO.	ME, OR OTHE	RINSTITUTI	F	OR MOST OF WO	ORKING LIFE)		12b. KIND OF OR INDU	BUSINESS
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	13g S	ATE LTVland	13b. COUNT Prince	George	134. CITY OR TOWN Temple Hi		13d INSIDE CITY		TREET ADDR	23rd	2074		
ŧ	14. FA	THER'S NAME			Fomple Mi			'S MAIDEN NA	MF		Parkw	vay #1	
		Jerome		MIDDLE	White		Doro	ST		MIDDLE		Butler	
1	16a. V	AS DECEASED EVE	R IN U.S. ARM	ED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMA		4	53500Da	llas	Place 7	# 1-1
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		22a. I certify that death resulted fro		//	ribed above, held an	Autapsy Suicide	Homicid		Inquiry	TX8	nd in my or	pinion	18
2.37		ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	Grego		uffman, M.I		DDRESS		nn St.	MINER	DATE	_{ED} 5/2	0/86
2		SIGNATURE	REMOVAL 231		uffman, M.I	EMETERY OR	DDRESS	111 Pe	nn St.	ndria	SIGNE		STATE

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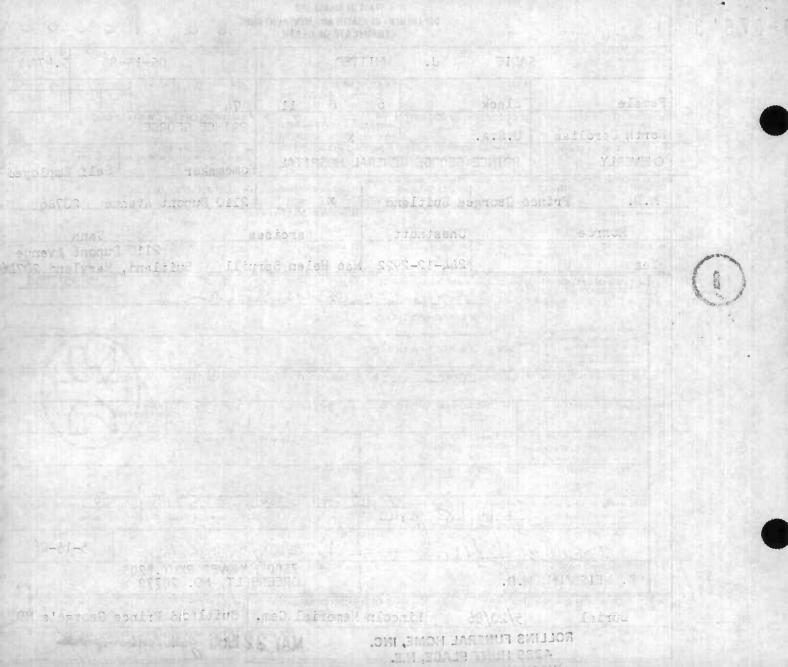
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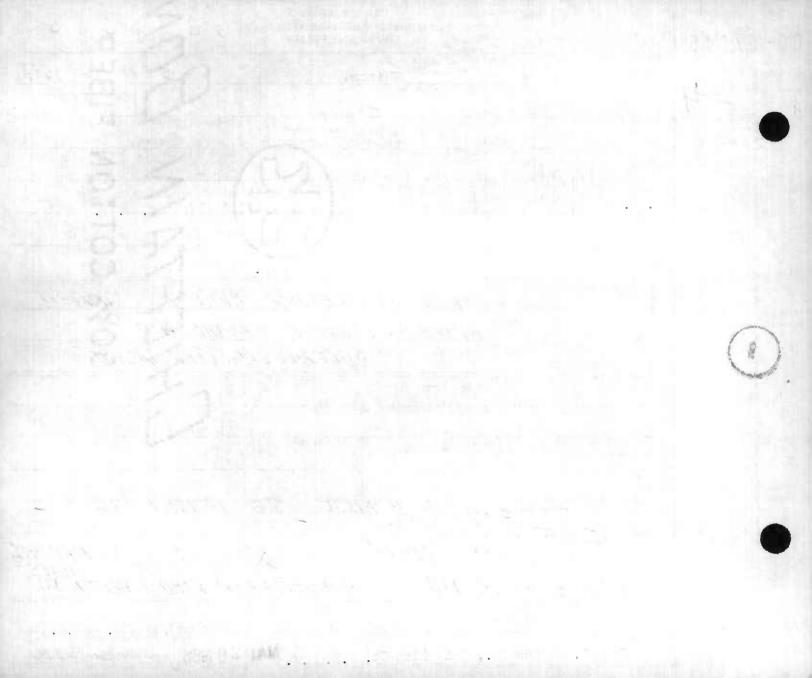
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 7a DATE OF DEATH 5.47AM (TYPE OR PRINT) SADIE J. WHITTED 05-15-86 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR Female Black 8 TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PRINCE GEORGE North Carolina WIDOWED X DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION 17h, KIND OF BUSINESS OR PRYNCE" GEORGE" GENERAL HOSPITAL TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CHEVERLY Self Employed Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2110 Dupont Avenue M.D. Prince Georges Suitland 20746 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIR51 Monroe Chestnutt Narcissa Vann ADDRESS 2110 Dupont Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 244-12-2922 Yes Mae Helen Spruill Suitland, Maryland 20746 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 210. ACCIDENT WAS UNDERLYING 71h TIME OF IN JURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after a 226. SIGNATUR 22c. DATE SIGNED DEGREE. 5-15-86 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 7500 HANOVER PKWY . #205 774 PHYSICIAN'S NAME (TYPE OF PRINT) IMPORT D.f B. WEISBAUM, M.D. GREENBELT, MD. 20770 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 73d LOCATION Burial Suitland Prince George's MD Lincoln Memorial Cem. BP. 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. STRAP 256 REGISTRAR'S GENATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 4339 HUNT PLACE N.E.



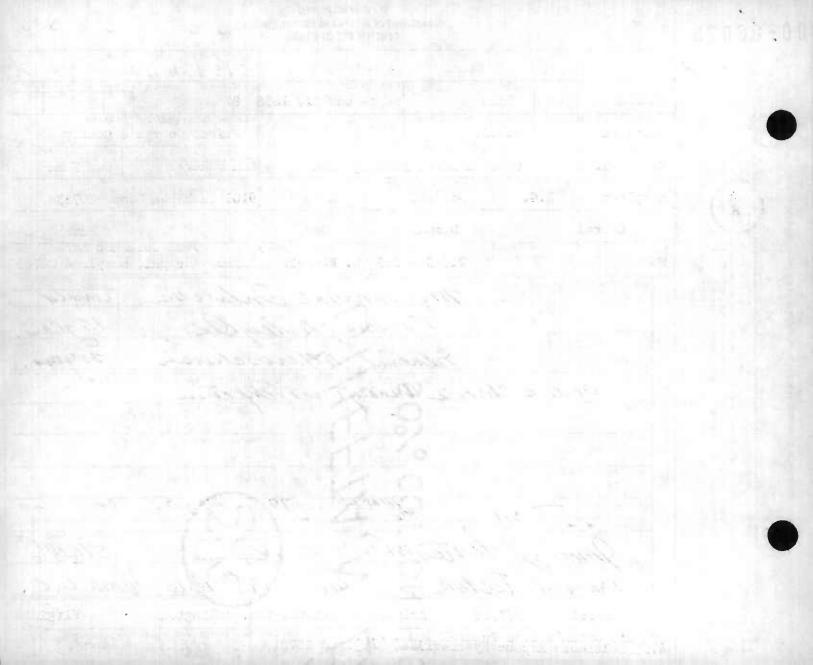
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Ö	1 00	0 2	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	PARED	20a AUTOPS	Y? [20h IF	YES, WERE FINDING	GS LISED
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49	1			UNERAL DIRECTOR		7177186		Lincol	n Memo	T12	Suit	Land	Md P	G
11	DHMH - 16	60M 7/84	24 1	NAME 4	D1 .		ADDRESS			ZSG DAT			· · · · · · · · · · · · · · · · · · ·	
	(VRA	15, 4)		John T.	Rhin	les Co.,	3015 12	th St.	N.E.	D. C. MI	1 2819	86 Juna	wandson-90	indette :



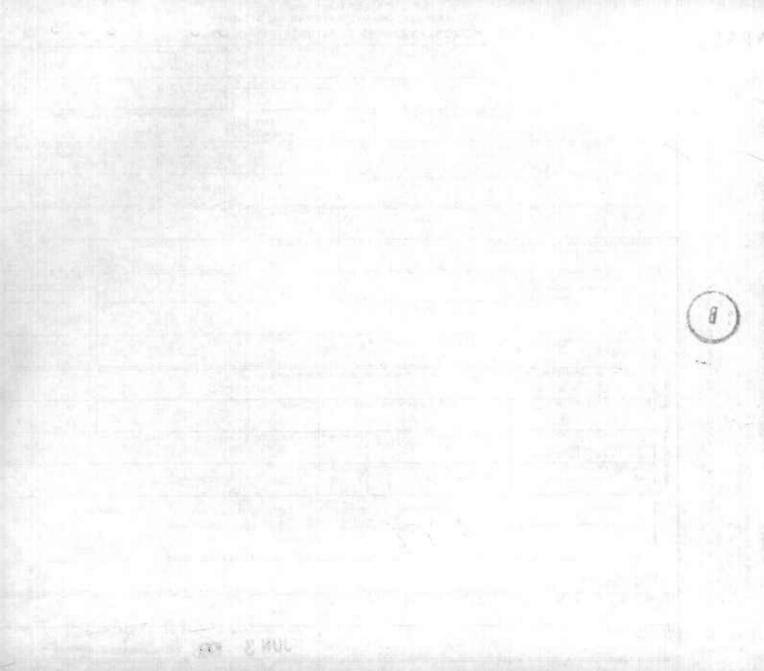
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LAST 20 DATE OF DEATH MONTH TYPE OR PRINTS CHARLES 13 MILTON WILLIAMS SR. MAY 1986 7:10A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3 SEX 1934 Tulv Male Black. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN LOUNTRY? MARRIED NEVER MARRIED Prince George's DIVORCED T Georgia WIDOWED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Doctors' Hospital of Pr. Geo. Cd. Sand f100rs Private Lanham SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 20785 Landover Terrace PG Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Williams Fannie Lucious 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 577-70-4271 Mary Williams/wife, same as above No 18 CAUSE OF DEATH (Enter only one cause per lim PART I. DEATH WAS CAUSED BY: Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNALICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN 196. CONDITION FOR WHICH OPERATION WAS PREFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER HATERE OF INJURY IN ITEM 18 PART I OR PART 2) 71n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET FACTORY OFFICE FARM ETC.) NOT WHEE T 22a. I certify that this hospital) attended the deceased from (aur) apinian death accurred an the date and have and from the causes stated w the body after death THE SIGNAL DEGREE 22c DATE SIGN MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 22e ADDRESS Maryland Lewis H. Dennis, M.D. 831 University Boulevard, E., Silver Spring 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY Buria1 COUNTY STATE 5-16-86 Harmony Memorial Park Landover 24 FUNERAL DIRECTOR Marshall's Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 St., N. W. Washington, DC 20011 (VRA 15, 4)

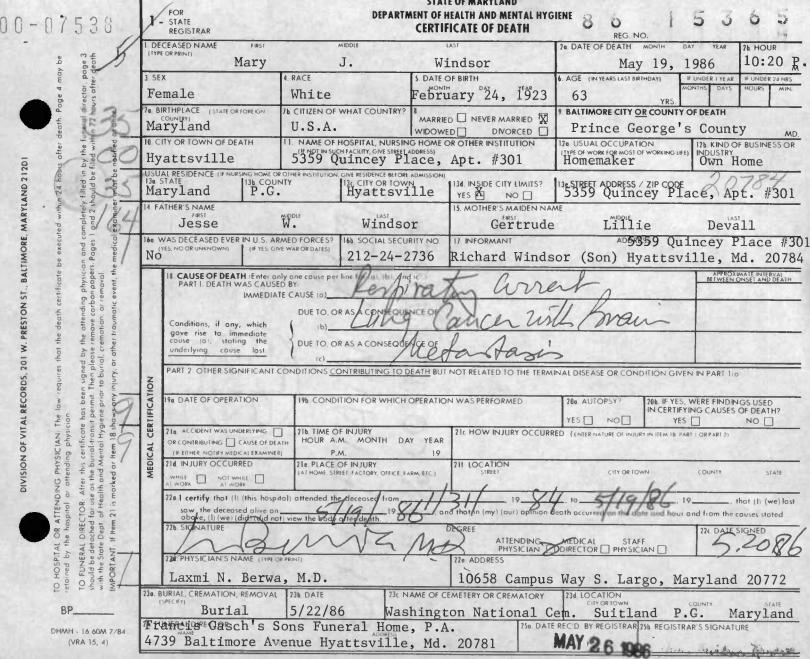


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0-06028		STATE REGISTRAR			RTIFICATE OF DEATH	REG. NO.	
noy be poge 3		CEASED NAME FIRS		Anna (Williams	5 15-186	DAY YEAR 26. HOUR 10.05 PM
ctor,	3. SE	emale	4. RACE White		ATE OF BIRTH Prember 21, 16189	6 AGE (IN YEARS LAST BIRTHDAY) 8 87	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
erol dire		RTHPLACE (STATE OR FOREIGN	U.S.A.		ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN Prince George	TY OF DEATH
by the fur	1	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOLL NURSING HOLD NURSING	ome or other institution ssing Home	120. USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING HOMEMAKET	Our Home
NO 212	USU 130 Ma	AL RESIDENCE (IF NURSING HO STATE 13b. (P.G.	GIVE RESIDENCE BEFORE ADMI	13d. INSIDE CITY LIMITS? YES YOU	9101 Tuckahoe	Lane 20783
MARKITA	M. F.	Conrad	MIDDLE	Demmling	Dora	AME	Ruth
MOKE, r	16a N	VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	16b. SOCIAL SECURITY 218-54-632		,	ckahoe Lane , Maryland 20783
RECORDS, 201 W. PRES. Iow requires that the descension so been signed by the out bernit. Then please remove prior to burial, cremation, are only injury, or other trougloon.	CERTIFICATION	Conditions, if only, which gove rise to immedia couse (a), stating it underlying couse lost PART 2. OTHER SIGNIFIC.	DUE TO, O ANT CONDITIONS C	R AS A CONSEQUENCE	al stren	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
DIVISION OF VITAL ING PHYSICIAN: The rottending physician with this certificate has as the buriol-tronsit p th and Mental Hygien orked or tem 18 show	MEDICAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA	OF DEATH HOUR A	OF INJURY .M. MONTH DAY .M. OF INJURY REET, FACTORY, OFFICE, FARM, I	YEAR 19 21f. LOCATION	VES NO NO NO NEED (ENTER NATURE OF INJURY IN ITEM	YES NO COUNTY STATE
R ATTENDI hospital on RRECTOR: A hed for use ept. of Heal frem 21 is m	2	WHILE AT WORK 220.1 certify that (1) (the saw the deceased all obove, (1) (1) (2) (2). SIGNATULE	hospital) attended th	ne deceased from	, and that in (my) (and) opinion	, to May 5	, 19 , that (I) (we) last nour and from the causes stated
TO HOSPITAL Oretained by the TO FUNERAL D should be detern with the State D (MPORTANT: If I	730.	220. PHYTCIAN'S NAME TAWA BURIAL, CREMATION, REMO	J. FOS DVAL 1236, DATE	ten 138. NAM	270 ADDRESS 9/6 E OF CEMETERY OR CREMATORY	Jad Location	Wash D.C.
BP		(SPECIFY) Burial	5/9/8	6 Arli	ngton National (Cem. ATTINGton	COUNTY Virgittia
DHMH - 16 50M 4/82 (VRA 15, 4)	²⁴ F 4	739 Baltimore	s Sons Fur Avenue H	neral Home, yatts ville,	P.A. Maryland 20 781	AY Q 1986 256. REG	ISTRAR'S SIGNATURE



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11-11	8354		REGISTRAR 10		cn MED	DICAL EXAMIN		FICATE O	F DEATH	REG. NO.	3		
	0001		CEASED NAME E OR PRINT)	FIRST		MIDDLE	LAST	F 1 15	20. DATE	KNOWN X	MONTH	DAY YEAR	26. HOUR
	EL SS. S. S. E.			Rand	olph		Wilson	n		MATED	5/ 3	30/1986	M
	新たまりま	3. SE	4	RACE	5 DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHE			MIN PRONOL	E	HINOM	DAY YEAR	8:408°
	NZ ZZ ZZ	J.	ale	black	1 17	1000 50	RS.	2 HOURS	DEA		5/ 3	30/ 1986	
	SSA		RTHPLACE (STATE	EOR	76 CITIZEN OF WH		8. MARRIED XT	NEVER MARRIE	9 BALTI	MORE CITY OR	COUNT	Y OF DEATH	
	AS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. LED THIN 72 HOURS DIVERSTON STREET.	1	Md		USA		WIDOWED [DIVORCE		ince Geo	orge	's Coun	ty, MD
	SHE SHE	10 C	TY OR TOWN OF	DEATH		PITAL, NURSING HOM	E, OR OTHER INST	ITUTION	12a. USUAL OCC	UPATION (TYPE O	F WORK	OR INDUST	USINESS
2	7 2 3 2 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	Laurel	1		Laurel/Bel	tsville	Hospita	1 Unemp	loyed		OK INDUST	KT
100	IF ANY DELAY IS NEC 2, AND 3 TO THE FUN RETAIN PAGE 5 F FOUND BEFILED RECORDS, 201		AL RESIDENCE (IF		OTHER INSTITUTION GIV	E RESIDENCE BEFORE ADMISS	ION)			DECC			
2120	ANNA	130 5	TATE Md	AK COPH	787 H)	Baltimore	YES		6077 Me	eadowrid	ae R	Road 212	27
WD.	F 2. E	14. F.	ATHER'S NAME				15. MO	THER'S MAIDE			30 11		
	S S	VE	Richard		MIDDLE	Wilson	Is	sabelle		MIDDLE		LAST	
AOR	PAGES S S S	160	VAS DECEASED E	VER IN U.S. AR		166 SOCIAL SECURIT		ORMANT		ADDRESS			
BALTIMORE,	A P P P P P P P P P P P P P P P P P P P	, mark	Yes	(IF YES, GIVE	WAR OR DATES)	212-22-0	311 Mar	rtha Wil	son 745	Linnard	Str	reet	
	HOURS 18. G WIT. P.				ly one couse per line	for (o), (b), and (c).)				STREET,	ETIT	APPROXIMAT BETWEEN ONSI	
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201	S A EX		lying cause	lost.	(c)							1.72	
RECORDS,	VUD BE EXECUTED "PENDING" IN PR EF MEDICAL EXA SED AS A BURIAL "HEALTH AND M AL, CREMATION,		PART 2 DIHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELATED TO THE TER	HINAL DISEASE DR COND	DITION GIVEN IN PAR	1110				
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*	34.75.7	CERTIFICATION	190 DATE OF O	PERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS PERF	FORMED?			4	20 AUTOPSY	?
Į,	SHOULD ORD "PE CHIEF A E USED I	F	T. D.									YES X	NO 🗌
DIVISION OF VIT	OAN HEN	1 8	210. EXTERNAL		21b. TIME OF	MONTH DAY YEA		URY OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 PAR	AT 1 OR PAR	T 2)	
N O	CERTIFICATE WITH OF THE WAS TO TH	3	UNDERLYING CONTRIBUTING	CAUSE OF	DEATH P.M.	19							
VIS.	ER SER	MEDICAL	214 INJURY OC	CURRED		OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION	1	CITY OR I	Count	cou	A 190	STATE
۵	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PEPAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEAL WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRÍOR TO BURIAL, CHIEF A TO BURIANORE, MARYLAND, 21201 PRÍOR TO BURIAL, CHIEF A TO BURIANORE, MARYLAND, 21201 PRÍOR TO BURIAL, CHIEF A TO BURIANORE, MARYLAND, 21201 PRÍOR TO BURIAL, CHIEF A TO BURIANORE, MARYLAND, 21201 PRÍOR TO BURIAN, CHIEF A TO BURIANORE, MARYLAND, 21201 PRÍOR TO BURIAN, CHIEF A TO BURIANORE, MARYLAND, 21201 PRÍOR TO BURIANO, CHIEF A TO CHIEF A TO BURIANO, CHIEF A TO CHIEF A	5	WHILE AT WORK	AT WORK		ont, rand, etc.,	011001		CITOR	OWN	200	NIT	STATE
	ATE, TARE, TARE, TARE, TARE, TARE, P. P. P. P. P. P. P. P. P. P. P. P. P.				ge of the remains desc	ribed obove, held on	Autopsy X	, Inspection	, Inquir	y , and	in my opi	inion	200
	MAN THE THE THE THE THE THE THE THE THE THE		death resulted	fram: Natu	ral couses X,	Accident S	uicide , Ho	omicide .	Undetermined	manner .			
	ERT ERT WIT WIT WAR				0	V/X	TITL	E (SPECIFY)					
	AL ALLE		ACTUAL SIGNATURE		X	1	M.DA	ssistan	T MEDICAL EXA	MINER	DATE	5/31/	86
	AEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1/	EXAMINER'S NA	AAF.									
	A SECOND		TYPE OR PRINT	Gre	gory R. K	auffman, M	DADDRES	ss1	11 Penn				
	5 A S S S S S S S S S S S S S S S S S S	23a.B	URIAL, CREMATIC				METERY OR CREM		23d LOCATION		COUNT		TATE
07/84	BP		Buria		6/3/85	Elkridg	e Church		V				Md
25M	DHMH - 17	1.00	UNERAL DIRECTO		ADDRESS			25a. DATE R	EC'D. BY REGISTI				
	(VR A15 ME (5))	1	Jarch Fu	geral Ho	nme West 4	300 Wahash	Avenue	JUN	J 144	Helen Da	WIND	Mondell	





868 65 TAM

STATE OF MARYLAND DEPA

CERTIFICATE OF DEATH	IENE 8 6 REG. NO.	an •••	5 3	0	O
WITMAN	20. DATE OF DEATH MONTH	DAY	YEAR 986	2b. HOU	PN
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
July 8, 1907	78 YRS	MONTHS	DAYS	HOURS	MIN.
RY? 8	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

MALE WHITE O BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNT

4 RACE

ALLEN

Berks

U.S.A.

L.

WIDOWED NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

PRINCE GEORGES

Hosery Inspector Knitting Mills

Reading, PA.

TY OR TOWN OF DEATH

GIVE RESIDENCE BEFORE ADMISSION Reading

13d. INSIDE CITY LIMITS? NO T

13e STREET ADDRESS / ZIP CODE

562 South 18 1/2 Street

4 FATHER'S NAME George

FOR

. DECEASED NAME (TYPE OR PRINT)

- STATE

SEX

PA.

MIDDE

LAST Witman 16b SOCIAL SECURITY NO.

Elizabeth 17 INFORMANT

Weitzel ADDRES 9503 Victoria Dr.

60 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATEST

187-09-7004-A 18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

Patricia A. Katz AS CAUSED BY IMMEDIATE CAUSE (a) CAROLO RESPIRATORY

Upper Marlboro, Md 20870 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Canditians, if any, which gave rise to immediate cause (a), stating

FAILURE

22a I certify that (1) (this haspital) attended the deceased fram

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION STREET

CITY OF TOWN COUNTY

BRA NCH

STATE

NO F

saw the deceased alive an_

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

23r. NAME OF CEMETERY OR CREMATORY

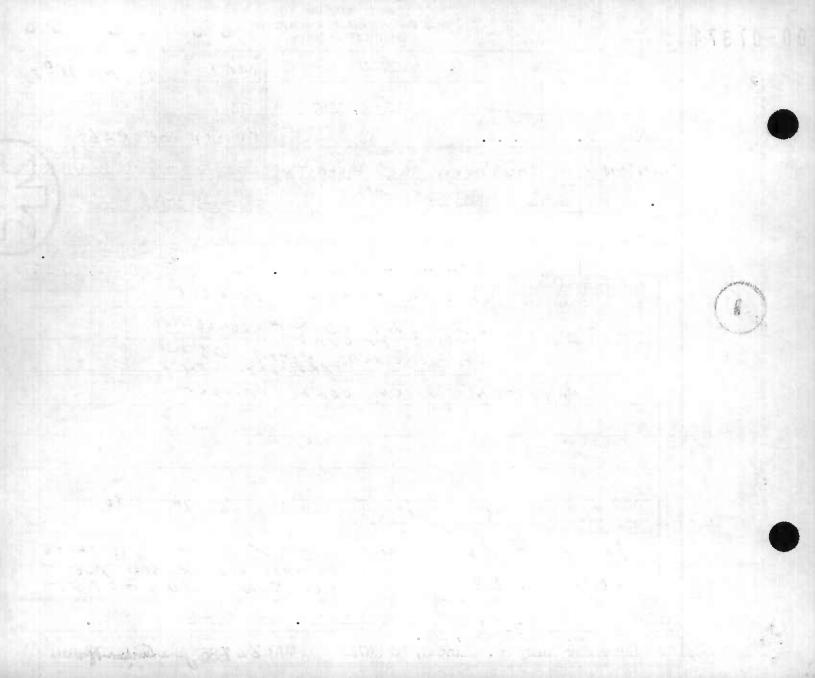
23a BURIAL, CREMATION, REMOVAL Burial

May 20, 1986 Forest Hills Mem. Park 24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

Reisston 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 6633

Old Alexander Ferry Rd. Clinton, Md 20735



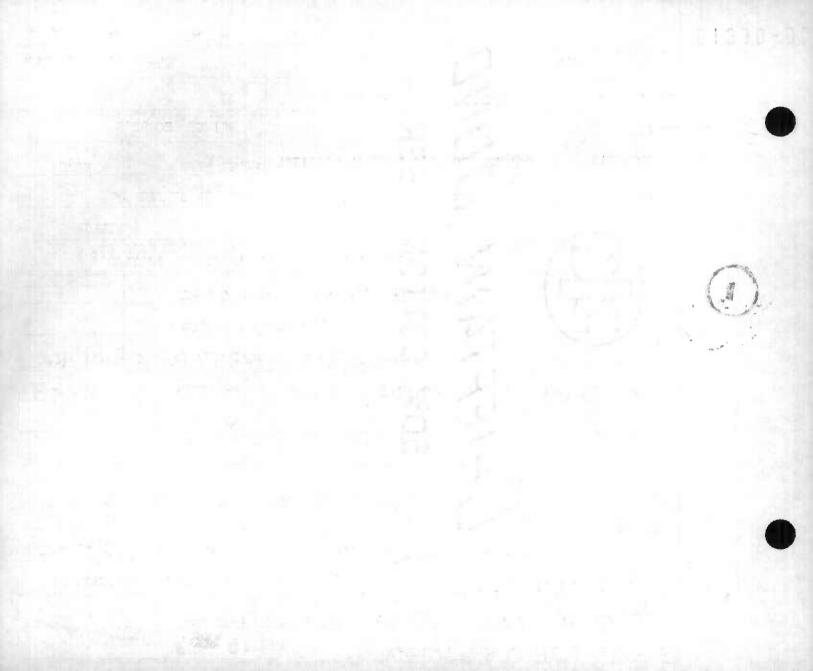
STATE OF MARYLAND

3	REG. N	10	1	1 7
	REG. P	40.		
)E	DEATH	MONTH	DAY	

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 8 6 NO.	5 3 6 /				
	1 DEC	CEASED NAME FIRST JOANN		MIDDLE		OODS	20 DATE OF DEATH MONTH D	7 25Ph	7			
1	3 SEX	(4 RACE		5. DATE (IF UNDER 1 YEAR IF UNDER 24 HRS				
	FE	MALE	BLACI	K	SEPT	20, DAY 1938 EAR	47 YRS "	MIN.				
1		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.		WIDOWE		PRINCE GOORGE'S					
4		TY OR TOWN OF DEATH CHEVERLY	PRINCE	"GEORGE'S	GENE	RAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSE WIFE	126. KIND OF BUSINESS OR INDUSTRY HOME				
1	13a, S MA!	RYLAND P.		GLEN ARD	N	13d. INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS / ZIP CODE 5912 7TH STREET	20801				
3		THER'S NAME CHARD	WIDDIE	WILLIAM	S	MABLE	WE	WILLIAMS				
		VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		YOLANDA WOOD	3409 DODGE PAR S, LANDBVER, MARY					
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (a)	line for (a), (b), and	TE	HEART I	BLOCK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)E	R AS A CONSEQUE R AS A CONSEQUE THEROM	150		BOCYTO POYIC	PURPURA				
	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	OCA-20	TUB HTAB	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	NEARC (_			
7	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO				
7	AL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	_			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE		ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE				
		22a.l certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did no	ital) attended the	e deceased from	Annal !		to 4-30- , 1 death accurred an the date and hour	19, that (I) (we) last and from the causes stated	1-000			
		17h SIGNATURE	Co	e000.	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	55 FG				
7		JOSEPH COLEL	1		4	PRINCE GEOR	GE'S HOSPITAL, CH	HEVERLY, MD.				
	23a B	URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE	=			
		5/7/86BURIAL	5/7/86	HAI	RMONY	MEMORIAL PARE	LANDOVER	P.G. MD.				
	100	NERAL DIRECTOR NAME JENKINS FUN	NERAL HO	ME LANDO	VER.	484	E REC D. BY RESIDENAR 256 REGISTR	AR SOME	Ė			

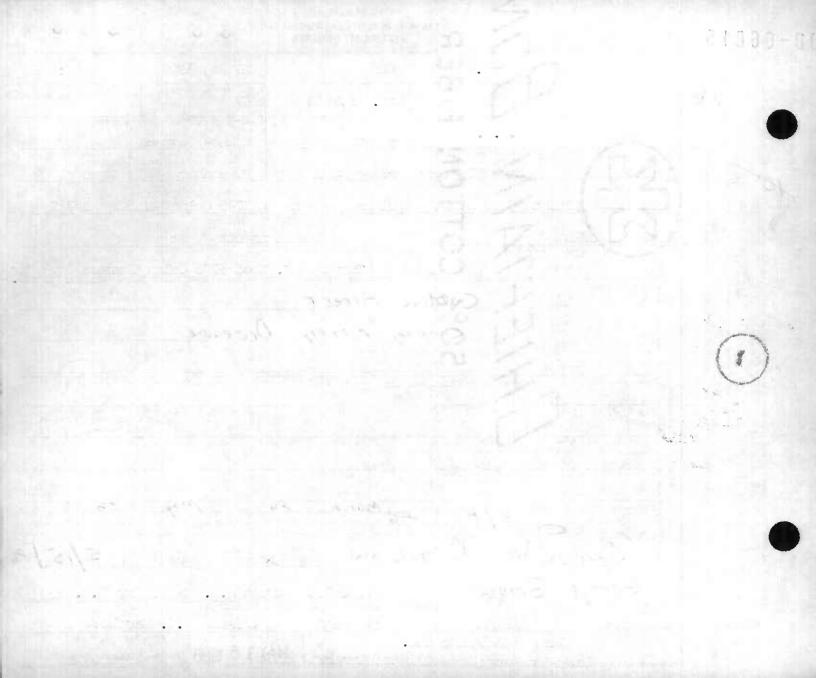
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21



					STATE OF	MARYLAND					
	FOR STATE			DEPARTA	NENT OF HEAL	TH AND MEN	TAL HYGIENE	8 6		5 3	0 8
10-06611	REGISTRAR				CERTIFICA	TE OF DEAT	TH	REG. N	0.	7	~
	I. DECEASED NAM	E FIRST	MIDDL	E	LAST	OF THE S	20		MONTH DAY	Y YEAR	2b. HOUR
o b d t	(TYPE OR PRINT)	RUTH	F.		WOODS		18 4 3		05 12	86	6 45A M
1 000	i. SEX		4. RACE		5. DATE OF BI		6. A	GE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	FEMALE		BLAC	K	MONTH	- DAY	YEAR	1.00		NTHS DAYS	HOURS MIN.
# P5					JULY	28 1	935	50	YRS.		
2 22 18	7a. BIRTHPLACE (76 CITIZEN OF WHA	AT COUNTRY?	MARRIED *	NEVER MARR	DIED I I	ALTIMORE CITY O			
1 1 1 1	VIRGINIA		U.S.A.		WIDOWED			RINCE GEO			MD.
65 3 302	10. CITY OR TOWN		11. NAME OF HOS					USUAL OCCUPATION OF OF WORK FOR MOSIC		126. KIND OI INDUSTRY	FBUSINESSOR
0 2 0 17	CHEVI	ERLY	PRINCE G	EORGES	GENERAL	HOSPIT		IURSE		PRIV	ATE
212	USUAL RESIDENCE	(IF NURSING HOME OR		RESIDENCE BEFORE		INSIDE CITY L	TC2 112.	STREET ADDRESS	/ 7ID CODE	2	1781
ND 24 1	MARYLAND			ANDOVER		S NO	56	48 WHITE	IFLD RO	AD #20	11 00
rital	14 FATHER'S NAM					MOTHER'S MA			TERP III	710 1100	
J will	GEORGE		MIDDLE	FOLKS		IVA FIRST		WIDDIE		RAYTON	
E, N		DEVER IN U.S. AR	MED FORCES? TAN	SOCIAL SECU	RITY NO. 17	INFORMANT		ANDONEARDRE			
ond bud	(YES NO OR UNKN		E WAR OR DATES)					ANDOVER			
be exercion and apprix. Page: vol.	NO		23	31-42-75	90 10	B. MOO	DS , 564	8 WHITFI	ELD RD		
BAIL THE STATE OF	18 CAUSE O	F DEATH (Enter on EATH WAS CAUSE	ly ane cause per line	for (a), (1), and	I CO	M	UM	mm		BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	TAKI I. D		E CAUSE (a)	MATO	IMP	V	1 4	0/1/			
he 're em em em em em em em em em em em em em			DUE TO, OR AS	A CONSEQUE	NCE OF						
STC non,	Canditions,	if ony, which	(b)				23%				
PRE eme	gave rise	ta immediate stating the	DUE TO, OR AS	A CONSEQUE	NCE OF	313 30	21/4.2			100	
W. hot to		cause last	DUE TO, OR AS	A CONSCOUR	NCE OF	415 /				200	
201 percent	PART 2 OTH	IER SIGNIEICANT C	CONDITIONS CONT	RIBUTING TO D	EATH BUT NO	RELATED TO	THE TERMINAL	DISEASE OR CON	DITION GIVE	VIN PART 1:0	
bS, sign hen to be		21.010.11.107.11.1					7172 12111111 1711	0102702 011 0011	D111011 011E1	1 11 7	
coeen wife.	THE STATE OF	OPERATION	19b. CONDITIO	N FOR WHICH	OPERATION W	AS PERFORME	D 12	On AUTOPSY?	20b. IF YES, V	WERE FINDIN	IGS USED
RE lov	E						100		IN CERTIFYI	NG CAUSES	OF DEATH?
TAL The ricion site has shown in the hard shown	21- ACCIDENT	WAS UNDERLYING	216. TIME OF IN	HIDV	121	HOW INTURY		(ENTER NATURE OF INJU	YES		NO 🗌
IAN: IAN: physical I-fror of Hy	OD CONTRIBUTE	ING CAUSE OF DEA	DOUG A AA		Y YEAR	. NO W INJOKI	OCCORRED	(ENTER NATURE OF INJU	RY IN HEM 18 PAR	I I OR PART 2)	
SICI ng I ng I ng I ng I ng I ng I ng I n	(IF EITHER, NO	OTIFY MEDICAL EXAMINER			19		100	No. of the last		4	
NG PHYSICIAN: ottending physic ottending	(IF EITHER, NO.		21e. PLACE OF I	NJURY FACTORY, OFFICE, FA	ARM. ETC.)	LOCATION		CITY OR TO)WN	COUNTY	STATE
ty star star star star star star star star	AT WORK	NOT WHILE			111-5		a		,	CA	7
3 0 0 0	22a.l certify	that (This hospi	tal) offended the jde	ceosed from_	AI	, 19	9	to 3	, 19		that It (we) last
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REC REC PPt Permission of the seminary	22b. SIGNAT		1) View the body gire	r dearn.	DEG	REE				22c DATE	SIGNED
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O HOSPIT, TO FUNER, should be d with the Sto		IS H DEN						E SILVER	SPRING	MD 20	0903
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BP	BU	RIAL	5/15/86		RMONY N			LANDOVER		G.	MD.
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(VRA 15, 4)	J.B. JEN	KINS FUNE	ERAL HOME	LANDO	ER, MD.		MAT	15 1900	7	1	

0-06815	1.	FOR - STATE REGISTRAR			DEPA	RTMENT OF I	E OF MARYLAND BEALTH AND MENTAL ICATE OF DEATH	HYGIENE	8 6 REG. NO.	153	6 9
noy be		CEASED NAME FOR PRINT) RU	FIRST	M.	IDDLE	WOOI)	2.5	AY 14, 198	ONTH DAY YEAR	6:00PM
ector po	3. SE	× FEMALE	4 RA	CE WHITE	Ξ	S. DATE O	DF BIRTH 15,01918 YEAR		GE (IN YEARS LAST BIRTH)	DAY) IF UNDER I YEAR MONTHS DATS	IF UNDER 24 HRS
nerol dir in 72 hou	7a B	RTHPLACE (STATE OR FO		J.S.A.	VHAT COUNTE	RY? 8. MARRIE WIDOWI	D NEVER MARRIED	, '	ALTIMORE CITY OR Prince Geo		MD.
Office with		TY OR TOWN OF DEAT	(1	IF NOT IN SUCH	FACILITY, GIVE ST	REET ADDRESS)	ng Home	1 12a (TY)	USUAL OCCUPATION PE OF WORK FOR MOST OF V Homemaker	N 126. KIND C	OF BUSINESS OR
MARYLAND 212 ed within 24 hos mpletely filled in ond 2 should be	13a. Ma 14 F.		G HOME OR OTHER 36 COUNTY Prince MIDDLE	INSTITUTION C	THE RESIDENCE BE	FORE ADMISSIONS	13d INSIDE CITY LIMIT: OSS NO X 15. MOTHER'S MAIDEN FIRST		STREET ADDRESS / Z		20748
MORE, In ond cor	16a \	WAS DECEASED EVER IN		OR DATES)	166 SOCIAL SE		17 INFORMANT		ADDRESS	olon Terrace	Camp Spr
deline of the street of the st	NO	Conditions, if ony, gove rise to imme couse 101, stating underlying couse	which diote the lost.	OUE TO, OR (b) OUE TO, OR (c)	AS A CONSEC	OUENCE OF	Arreny NOT RELATED TO THE T		Sease or condi	TION GIVEN IN PART 1	0
At RECOI	CERTIFICATION	19a DATE OF OPERATION				CH OPERATIO	N WAS PERFORMED		On AUTOPSY?	20b. IF YES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
DIVISION OF VITAL RECORDS, ATTENDING PHYSICIAN: The low requirespital or ottending physician. CTOR: After this certificate has been single use as the burial-transit permit. The of Health and Mental Hygiene prior to be Health and Mental B shows any injury at 1 is marked or item 18 shows any injury.	MEDICAL CEI	21a ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK 22a. I certify that (1), (t sow the deceosed above. (1) (we) (dic	USE OF DEATH LEXAMINER) D 21 (1) his hospital) of alive on.	P.M. The PLACE Of AT HOME STREET Trended the	MONTH FINJURY FACTORY, OFFIC	19 CE, FARM, ETC.)	21f LOCATION STREET	F6	CITY OR TOWN		STATE that (I) (we) lost couses stated
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Store Dept IMPORTANT: If frem	730 6	226 SIGNATURE 228 PHYSICIAN'S NAN George BURIAL, CREMATION, RE	ge 4 (TYPE OR PRINT)	N	Dr.	ave,	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	Stree	EDICAL STAFF RECTOR PHYSICIA	22c. DATE	15/AC
BP	Cı	SPECIFY) CEMATION JNERAL DIRECTOR	5	/15/86	5 I	ees Cr	ematory			G. Maryland	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		33 Old Alex	Lee Fu				446	MAY:	10	ina Davidson-1	



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Remode J. Collins, Jr.

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	STATE OF MARYLAND	
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00323	REGISTRAR REGIST	
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tor. page 3 offer death	WILBUR REED WRIGHT MAY 21, 198610:30 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) I FUNDER 14 FUNDER 24 HRS	
ector.	MALE WHITE JUNE 6, 1913 72 WONTHS DAYS MOURS MIN	
Pol di	70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
de of contract of	RISEN, MARYLAND U.S.A. WIDOWED DIVORCED PRINCE GEORGE'S COUNTY M	AD.
in a series	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	R
5 J	GLINTON SOUTHERN MARYLAND HOSP. CENTR POWDER FAC. ATTEN. U.S.GC	VT
24 hour	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 137. CHARLES MARBURY 136. INSIDE CITY LIMITS? 138. STREET ADDRESS BOX 146 20658	3
thun thun	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	-
y be and be a be	LODGE L. WRIGHT ANNA ATWILL	
0 - 10	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDING	DR
1512	YES YES WWII 213-18-1118 MELVIN E. WRIGHT INDIAN HEAD, MD. 20	
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fter the os the shond should briked	WHILE NOT WHILE AT WORK AT WORK AT WORK	
use de la la la la la la la la la la la la la	220.1 certify that (1) (this hospital) attended the deceased from 4/30 1986, to 5/2/, 1986, that (1) (we) lo	st
CTOR I for us of He n 21 is	sow the deceosed olive on	
Chec Chec Dept	276. SIGNATURE DEGREE 276. DATE SIGNED	
y the	Kaare ternon for 19) ATTENDING MEDICAL STAFF 5/22/86	-
DNERAL I	274 PHYSICIAN'S NAME (TYPE OR PRINT) 270 ADDRESS	
TO FUNERAL should be determined by the Stote May the Stote MAPORTANT: IMPORTANT: I	ROSARIO FERNANDEZ, M.D. GLYMONT MED. BLDG., INDIAN HEAD, MD.	
BP	230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 5-24-86 TRINITY MEM. GARDENS WALDORF CHARLES MARYI.	
		ANI
H - 16 50M 1/81 (VRA 15, 4)	NAME ADDRESS	
	AREHART FUNERAL HOME, INC., LA PLATA, MD.	

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